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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence
for

February 7, 1984

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.


Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Tuesday, the 7th day
of February, 1984.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

APPEARANCES:

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D. HUNT	Counsel for the Attorney General and Solicitor General of Ontario (Crown Attorneys and Coroner's Office)
I.J. ROLAND)	Counsel for The Hospital for Sick Children
M. THOMSON)	
R. BATTY)	
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W.N. ORTVED	Counsel for numerous Doctors at The Hospital for Sick Children
F. KITELY	Counsel for the Registered Nurses' Association of Ontario and 35 Registered Nurses at The Hospital for Sick Children
H. SOLOMON	Counsel for The Ontario Registered Nursing Assistants

(Cont'd)...



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APPEARANCES: (Continued)

D. BROWN	Counsel for Susan Nelles - Nurse
E. FORSTER	Counsel for Phyllis Trayner - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
B. KNAZAN	Counsel for Mrs. M. Christie - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)



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/EMT/ak

--- Upon commencing at 10:00 a.m.

BERTHA BELL, Resumed

THE COMMISSIONER: Yes, Miss Cronk?

MS. CRONK: Good morning, sir.

Good morning, Ms. Bell.

THE WITNESS: Good morning.

MS. CRONK: Mr. Registrar, could you show Ms. Bell, if you would, please, Exhibit 91? It is the medical chart of Janice Estrella.

DIRECT EXAMINATION BY MS. CRONK: (Continued)

Q. You recall, Ms. Bell, we were speaking yesterday of the operation of the intravenous line on Janice Estrella the night before she died?

A. Yes.

Q. And I have suggested to you that the intravenous line according to the progress notes had gone interstitial on two occasions in the early evening.

A. Right.

Q. And it had to be reset or restarted before 1:30 in the morning because the medication and treatment record indicated that a medication had been given intravenously at 1:30 a.m. Do you recall that?

A. I believe it was started



1

2

before 1930 because she was given the medication at
1930.

3

4

Q. That is what I would like to
cover with you now.

5

6

Would you turn, please, to page 126
of the medical record.

7

8

A. I have it.

9

10

Q. We see there in the nursing
notes for the evening of January 10th the indication
that the intravenous line went interstitial at 4:45
p.m. on the day shift?

11

12

A. That is correct.

13

Q. Do you see that?

14

A. Yes, I do.

15

Q. And according to the progress
notes it was then discontinued?

16

A. Right.

17

18

Q. But subsequently there is an
indication that the line was restarted at approxi-
mately 6:00 p.m. but it again went interstitial.

19

20

Do you see that?

21

A. Yes, I do.

22

Q. All right. Could I ask you
now to turn to page 53.

23

24

THE COMMISSIONER: I'm sorry?

25



1

2

MS. CRONK: Page 53, sir.

3

4

THE COMMISSIONER: Yes, but where
was it at page 42 you say it went --

5

6

7

MS. CRONK: I'm sorry, sir; about
two-thirds of the way down the page there is an
indication that the IV line went interstitial at
4:45.

8

9

THE COMMISSIONER: Yes. I have
got that.

10

11

MS. CRONK: And then if you continue
in the same line it was restarted at 6:00 p.m.

12

13

THE COMMISSIONER: Oh, yes, I see
that, yes.

14

15

MS. CRONK: And it apparently went
interstitial again.

16

17

18

THE COMMISSIONER: Yes. All right.

MS. CRONK: Q. Would you turn now,
Ms. Bell, to page 53 of the medical record if you
would.

19

20

21

22

A. I have it.

23

24

25

Q. And we see there according
to the entries made that at 6 o'clock a dose of
ampicillin was not given?

A. That is right.

Q. That dose appears to have been



1

2

given at 7:30 p.m. by Sui Scott.

3

A. That is correct.

4

Q. And beside the entry for 6:00

5

p.m. or 1800 hours we see the language "IV out".

6

A. Right.

7

Q. It would appear then, and I

8

would ask you to tell me whether or not you agree

9

that the dose that was intended to be given at 6:00

10

p.m. could not be given because the IV line had at

11

that time gone interstitial for the second time,

12

but it appears that it was restarted as you have

13

suggested in time for the dose to be given an hour

14

and a half later at 7:30.

A. That is correct.

15

Q. And then subsequently we see

16

as we reviewed it yesterday that a dose was given

17

at 1:30 in the morning of ampicillin, again given

18

intravenously.

A. That is correct.

19

Q. Are you aware of any other

20

indication from any source, Ms. Bell, that the IV

21

line on Janice Estrella went interstitial or was

22

not functioning after 7:30 p.m. in the evening?

23

A. Not that I know of, no.

24

Q. All right.

25



1
2
3 THE COMMISSIONER: What causes these
4 IV lines to - is there any particular reason?

5 THE WITNESS: Just the movement
6 of the child would cause it go interstitial.

7 THE COMMISSIONER: Does it happen
8 often?

9 THE WITNESS: It does. Children's
10 veins are especially small and it is very difficult
11 to maintain an IV. So any kind of movement can
12 dislodge it.

13 MS. CRONK: Q. I take it that is
14 not an unusual occurrence?

15 A. It is not, no.

16 Q. And many times when a child
17 is on an IV it has to in fact be restarted for
18 precisely that reason?

19 A. Yes, it does.

20 Q. And the restarting of an IV
21 we have heard before and I would ask you to confirm
22 is a function that can be performed by registered
23 nurses?

24 A. It is, but at the Hospital for
25 Sick Children it is done by the IV team.

Q. All right. So in the case of
Janice Estrella when her IV line on the two separate



1
2 occasions at 4:45 in the afternoon and then at 6
3 o'clock went interstitial, would that require the
4 attendance of the IV team on the ward to restart the
5 IV?

6 A. It did on 4A/B, yes.

7 Q. And I take it that was so in
8 all cases?

9 A. Yes.

10 Q. Could we turn then to the
11 case of --

12 THE COMMISSIONER: What happens if
13 it takes place in the middle of the night?

14 THE WITNESS: In that case the
15 resident would restart it.

16 MS. CRONK: Q. And in those
17 circumstances would it be incumbent on the registered
18 nurse who was attending to the child or the registered
19 nursing assistant who had the care of the child to
20 notify the resident?

21 A. Yes, it would be.

22 Q. Would that be done through the
23 involvement of the team leader?

24 A. It probably would be, yes.

25 Q. All right. May we turn then
to the case of Frank Fazio which is the child as you



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may remember, Ms. Bell, who died at the beginning of February, February 4th, 1981, on Ward 4A, again in the early hours of the morning, approximately 4:45 a.m.

A. Yes.

Q. As I understand it you were on duty on the long night 12 hour shift on February 3rd the night the child died?

A. Yes.

Q. You recall seeing Frank Fazio that evening when you came in for duty?

A. I don't know if I saw him immediately once I came back, started work, but I did see him before he had arrested, yes.

Q. Do you recall when you first saw him?

A. I don't recall the exact time, no.

Q. Do you recall being informed as to the nature of his condition at the beginning of the shift that night?

A. The concern of the 4A nurses was - they had expressed concern that he was ill, and they felt that perhaps his condition warranted a transfer to the unit. I believe they had let the



1
2 resident know about this.

3 Q. And you say "transfer to the
4 unit", are you referring to the Intensive Care Unit?

5 A. Yes, I am.

6 Q. Was that a concern at the
7 very beginning of the night shift that night?

8 A. I don't know if it was a
9 concern right at the beginning, but I was made aware
10 of it later on in the shift.

11 Q. Well, do you recall how much
12 later it was after you had started to work that
13 night that you became aware of this concern?

14 A. No, I can't place a time.

15 Q. I believe you said a few moments
16 ago that you thought the resident from the unit had
17 been notified?

18 A. I believe the resident from
19 our ward had been notified and he in turn notified
20 the resident from ICU, yes.

21 Q. Do you recall seeing an ICU
22 resident on the ward before midnight that night?

23 A. I think so, yes.

24 Q. Do you recall who that was?

25 A. I believe it was

Dr. Mounstephen.



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Q. Could I ask you to turn if you would to page 72 - I'm sorry, you don't have the exhibit.

Mr. Registrar, it is Exhibit 92, the medical chart for Frank Fazio.

A. I'm sorry, what was the page?

Q. Page 72.

A. I have it.

Q. I would ask you to look if you would, please, at the nursing note for that night, February 3rd, from 1900 hours until 3:30 in the morning. Do you see that?

A. Yes, I do.

Q. All right. And I would ask you to refer to the entries with respect to the parents and to the child's behaviour. This note appears to have been made by Nurse Susan Nelles; is that correct?

A. Yes.

Q. We see an indication, do we not, in the first part of the note that the parents had been in for most of the evening, that the father had phoned at approximately 2330 hours - that is 11:30 at night?

A. Yes, it is.



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3

Q. And he had been told that the baby was sleeping and was stable.

4

A. Right.

5

Q. Am I reading that correctly?

6

A. Yes.

7

8

Q. And reading on with behaviour, "The child appeared comfortable and slept well until 3:30 in the morning."

9

A. Right.

10

11

12

13

Q. Would you agree with me that the description of the child's condition in that language does not suggest a child in a critical condition?

14

15

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A. She could be interpreting the signs as being stable, that there was not changes from the beginning of the shift since she had been on. Like there was no outward changes, but the condition could be still unstable but no difference.

19

20

21

22

Q. But was it your impression, Ms. Bell, that the child's condition had deteriorated over the course of that evening from what it had been at the start of the shift at 7:15 p.m.?

23

24

25

A. I know that there was a concern and whether it had deteriorated I am not



1
2 sure of because I hadn't seen the child at the
3 beginning. It wasn't brought to my attention until
4 later on.

5 THE COMMISSIONER: I'm sorry, you
6 hadn't seen the child?

7 THE WITNESS: At the beginning of
8 the evening.

9 THE COMMISSIONER: I see. Yes.

10 MS. CRONK: Q. Had you discussed
11 this child's condition with Phyllis Trayner the
12 team leader on Ward 4A that night?

13 A. I believe I had gone into the
14 room with her, yes.

15 Q. Do you recall what she told
16 you about the child's condition?

17 A. They were concerned about
18 his condition.

19 Q. Well, did she tell you how
20 she was concerned or why she was concerned?

21 A. He was a bit hard to settle
22 at times. He would wake up more frequently, that
23 type of thing. Just a difference in behaviour.

24 Q. All right. And your
25 recollection, as I understand it, is that an Intensive
Care Unit resident was asked to come to the floor to



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look at the child?

A. I believe he was, yes.

Q. As best as you can recall and I recognize it is difficult to fix the time, did that occur before midnight or after midnight?

A. I'm sorry, I couldn't tell you.

Q. The child was not, however, transferred to the Intensive Care Unit, was he?

A. No.

Q. Do you know why that didn't occur?

A. No, not offhand.

Q. Were you present during the discussions with the Intensive Care resident when he arrived on the ward?

A. No.

Q. Do you know what indeed he had suggested or do you know what he said regarding the child's condition?

A. I don't know what he said. I wasn't there when this child was discussed.

Q. All right. Well, after the resident left the ward did you discuss the child again with Phyllis Trayner or any of the nurses on Ward 4A?



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A. I believe we did.

3

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Q. What was your impression of his condition at that time after the resident had left?

5

6

A. Well, that his condition was reasonably stable and that we could observe him on the ward.

7

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11

Q. All right. Was it thought at that time to the best of your knowledge either by Phyllis Trayner or any of the other nurses on Ward 4A that the child was at imminent risk of dying?

12

13

A. I don't know if it was imminent risk of dying but concern.

14

15

Q. Well, did they think he was dying?

16

17

18

19

20

A. I don't think so.

21

22

Q. We know, of course, that the child subsequently at approximately 3:45 in the morning went into difficulties and his monitor went off according to the progress notes at that time.

Did you again see the child at any point during your shift?

23

24

25

A. Again at the arrest.

Q. How did that come about?



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2

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A. Well if a Code 25 was called
then I would have gone into the room.

4

5

Q. Well, were you in the room
before the code was called?

6

A. I am not sure.

7

8

9

10

Q. You told us that you were in
the room once earlier in the evening with Phyllis
Trayner as you recall it. Up until the time that
the Code 25 was called do you recall seeing the
child again personally at any time that night?

11

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A. I could have seen him but I
am not really sure if I did.

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Q. Do you have any recollection of having had the impression that the child was steadily growing worse, or do you recall one way or the other?

A. I seem to recall that there was a change and it could have been when she called the Code 23.

Q. Where you there when the Code 23 was called?

A. I probably was, yes.

Q. Did you stay then throughout the - for the continuing arrest of the child and for the resuscitation efforts?

A. Yes.

Q. Did you participate in the resuscitation efforts?

A. Yes.

Q. In what way?

A. I am not sure.

Q. Did you, for example, in this case, as you have told us you did in others, keep track of the various medications given to the child?

A. I could have either been the recorder or I could have been drawing up medications.

Q. After the child had been



1

2

pronounced dead do you recall discussing his death
with the other nurses that were then on the floor?

3

4

A. No.

5

Q. Did you have any discussions
with Phyllis Trayner with respect to his death?

6

7

A. I believe the discussion was
about that another death had occurred and our concern.

8

9

Q. Do you recall, Ms. Bell, whether
or not there was any shock or surprise that the child
in fact had died?

10

11

A. I don't know if it was
specific to the fact that he had died, but it was
concern that another child had died.

12

13

14

Q. With respect specifically to
this child, to the best of your knowledge did there
seem to be a concern amongst the nurses who were there
as to why the child had died that night at the time
that he had?

15

16

17

18

A. Well except perhaps we could
have done something else like send him to ICU.

19

20

21

Q. I appreciate that, and I
understand from what you have told us that there was
concern early in the evening by some of the nurses and
it was thought perhaps the child should go to the
Intensive Care Unit; but after the child had died did

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the nurses as you understood it appear to be concerned as to why he had died?

A. I don't think-not to the actual cause, no.

Q. Could I ask you turn if you would please to page 158 of the Medical Record. This is the medication and treatment record.

A. I have it.

Q. Could you help us Ms. Bell please, directing your attention to the night shift on February 3rd, as to what medications, if any, were given to this child from 7:15 p.m. forward?

A. It appears that nothing was given.

Q. Could you look as well at the entries for digoxin which appears to have been ordered on the 30th of January, do you see that, the fourth drug down on the page on the left hand side?

A. Yes.

Q. There is a signature that appears in the February 3rd column beside the hour 11, 1100 hours, the signature is that of Miss Partridge and appears to be crossed out, do you see that?

A. Yes, I do.



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Q. Then immediately below that at 2300 hours, or 11:00 p.m. on February 3rd Miss Partridge's signature appears again, does it not?

A. Yes, it does.

Q. Am I correctly interpreting that as a suggestion that digoxin may have been given to the child at 11 o'clock that night?

A. It would appear that she signed in the wrong place, we had our times changed to 9 o'clock, so she probably - my interpretation of it is that she signed in the wrong spot and re-did the sheet and signed in the correct spot.

Q. I am sorry, where should she have signed?

A. She should have signed for 9 o'clock.

Q. On February 3rd?

A. Yes.

Q. 9:00 p.m.?

A. Right - or 9:00 a.m.

Q. 9:00 a.m.?

A. Right.

Q. So you interpret that signature as meaning that a dose of digoxin was given at 9:00 a.m. to the child?



1

2

A. That is right.

3

Q. To the best of your knowledge

4

was digoxin in fact administered to that child at any
time during the evening of February 3rd?

5

A. Not that I know of.

6

Q. Could I ask you to turn, if you

7

would please, to page 72.

8

THE COMMISSIONER: I am sorry, what

9

did you say about re-doing the page, I don't understand
that, was a page substituted?

10

11

THE WITNESS: No, at the top, the

12

digoxin was written as being given at 11:00 in the
morning and 11:00 at night.

13

THE COMMISSIONER: Yes.

14

THE WITNESS: And the times were

15

changed, so with the time change you would re-write
the whole thing at the bottom, it is second from the
bottom.

17

18

THE COMMISSIONER: Oh, I see, oh yes.

19

THE WITNESS: So you signed for the

20

correct time.

21

THE COMMISSIONER: That is where the

22

re-writing is, I see.

23

MS. CRONK: Q. And there is an

24

indication at the bottom of the page as you point out

25

25



1

2

that Miss Partridge gave a dose of digoxin to the
child at 9 o'clock in the morning?

3

4

A. That is right.

5

6

Q. But the box for signature for
a dose having been given at 9:00 p.m. that evening
is blank?

7

8

A. That is right.

9

10

11

Q. Could I ask you now to turn to
page 72 if you would again, the progress notes for
the child for the night shift of February 3rd, do you
have that?

12

A. Yes, I do.

13

THE COMMISSIONER: I am sorry, what
page?

14

15

MS. CRONK: I am sorry, sir, page 72.

16

17

18

19

20

Q. There are in fact two time
entries by way of nursing notes Ms. Bell on this page,
the first appears to extend to the period from 7
o'clock in the evening until 3:30 in the morning, and
the second from 3:30 in the morning to 4:45 in the
morning, do you see that?

21

A. Yes, I do.

22

23

24

25

Q. In my review of these notes,
and I would ask you tell me if I am incorrect, it
would not appear that any medication was recorded as



1
2 having been given to the child in the nursing notes
3 from 7:00 p.m. until the time that he died?

4 A. That is correct.

5 Q. Did you at any time during that
6 night shift, Ms. Bell, from the time that you came on
7 duty until the time that you entered the child's room
8 when the Code 23 had been called, observe any
9 individual administering any medication or drug to
this child?

10 A. Not that I can recall, no.

11 Q. Do you recall seeing any
12 individual, be it a nurse from Wards 4A/4B, or a
13 physician entering the child's room with a syringe or
a drug in hand?

14 A. No.

15 Q. Do you recall any discussion
16 after the child's death as to whether or not any
17 medication had been given to the child?

18 A. No, I don't recall any
19 discussion, no.

20 Q. Do you recall who the doctors
21 were, the physicians who were in attendance at the
arrest?

22 A. The only one that comes to mind
23 is Dr. Mounstephen.
24
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Q. After the child had been pronounced dead, at any time in your presence did Dr. Mounstephen or anyone else suggest that the child was displaying symptoms of toxicity?

A. No.

Q. Did Dr. Mounstephen or any other physician in your presence suggest that perhaps some drug might have contributed to this child's death?

A. No.

MS. CRONK: Mr. Registrar, could you show the witness please Exhibit 32A?

Q. Ms. Bell, did Dr. Mounstephen, as best you can recall, appear to have any concern as to why the child had died?

A. Not that I recall, no.

Q. You don't recall any discussion amongst any of the physicians who were there as to why the child had died in the way that he did?

A. Well there is generally some discussion about cause of death, but I don't recall specifically what the concern was.

Q. I would ask you - this is the exhibit that contains the various assignment books Ms. Bell, and I would ask you to turn if you would to



1
2 Tab 13 please which is the assignment book for Ward
3 4A.

4 A. I have it.

5 Q. Would you turn to page 86 and
6 87 please to the entries for the day shift on February
7 3rd, and as well for the long night shift of February
8 3rd?

8 A. 86 did you say?

9 Q. I am sorry, 86 and 87.

10 A. I have it.

11 Q. If we look to the entries at
12 the bottom of the page on page 87, am I correct that
13 Nurse Nelles appears to have been assigned
14 responsibility for the care of this patient during
15 the long night shift on February 3rd?

15 A. Yes, that is correct.

16 Q. She also appears to have had
17 the care of another patient in the same room?

18 A. Yes, that's right.

19 Q. And inasmuch as she had care for
20 only two patients that evening, may we fairly assume
21 that Frank Fazio was on shared care nursing?

21 A. Yes.

22 Q. And Mrs. Trayner of course was
23 on duty as the nurse in charge?

24

25



1

2

A. That is correct.

3

4

Q. And Mrs. Sui Scott was on duty with four patients and Mrs. Christie was on duty as I read it, is that seven patients?

5

6

A. Yes, that is right.

7

8

Q. And as well there was a relief registered nurse on duty who had five patients in room 421?

9

10

A. That is correct.

11

12

Q. You have told us that prior to the arrest of Frank Fazio you did observe the child and you had gone into the room with Phyllis Trayner, do I have that correctly?

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14

A. Right.

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Q. Do you recall whether or not
Susan Nelles was present when you went into the room?

A. Yes, she was.

Q. At any time during the evening
did you pass the child's room and observe anyone in
the room other than Susan Nelles?

A. Not that I recall, no.

Q. Do you remember seeing Sui
Scott in the room alone at any time during the course
of that night, recognizing that she had been
assigned four patients in the same room?

A. Not that I recall, no.

THE COMMISSIONER: Well, do you recall
anything about it at all? You see, "Not that I
recall", can mean a couple of things. It can mean
that you have some recollection of the matter but
you don't recall that event but it may also mean that
you have no recollection one way or the other. Do
you follow me? No?

THE WITNESS: No, sorry.

MS. CRONK: Q. Do you remember, Ms.
Bell, at any time during the course of that evening
other than the occasion when you entered the room
with Phyllis Trayner passing that child's room and
observing who was in the room?



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A. No.

3

Q. You don't recall one way or

4

the other?

5

A. No, other than the times I

6

went in, no.

7

Q. All right. So it is possible

8

that someone other than Miss Nelles and someone other

9

than Mrs. Scott could have been in the room and you

simply didn't see them?

10

A. That's right.

11

Q. Are you aware of any other

12

time when Phyllis Trayner was in that child's room

13

other than the time when you were there with her and

the time of the arrest?

14

A. No.

15

Q. Right. As I understand it,

16

another child died during the month of February,

17

Jennifer Thomas, who again died on Ward 4A. You were

18

on duty the long night shift the night before she

19

died, that is February 11, 1981. Do you have any

20

recollection of this child or the circumstances

surrounding her death, Ms. Bell?

21

A. No, I don't.

22

Q. Do you remember even seeing

23

the child?

24

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Bell
dr.ex. (Cronk)

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A. I don't remember.

Q. Do you remember any of the events that transpired during that night shift before the child died?

A. No.

Q. According to the summary which has been prepared concerning your duty hours it appears that you were on holiday or at least absent from the Hospital then for a lengthy period of time starting on February 27, 1981 until March 15, 1981 inclusive except for one day, March 2nd. Do I have that correctly?

A. That is correct.

Q. Why were you in the Hospital on March 2nd?

A. There was a team meeting on March 2nd which I attended.

Q. Was that held on Wards 4A/4B?

A. No, it was not. It was held in the Nurses' Residence, which is next to the Hospital.

Q. Other than that one day, were you in the Hospital at any time between February 27th and March 15th?

A. No, I wasn't.



Bell
dr.ex. (Cronk)

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Q. Were you on holiday?

A. Yes, I was.

Q. I take it however that you did return to the Hospital for duty on March 16th?

A. Yes.

Q. There had been a number of deaths on these wards, Ms. Bell, during that period when you were on holiday, indeed there had been seven; David Leith died on March 6th, Colleen Warner on March 7th, Jordan Hines on March 8th, Barbara Gionas on March 9th, Kevin Pacsai on March 12th, Michelle Manojlovich on March 12th and Kristin Inwood on March 13th. When you returned to work on March 16th were you told that there had been a number of deaths while you were away?

A. Yes, I was told.

Q. All right. And who told you that?

A. There was a number of people but the main person that I recall was Mary Jean Halpenny.

Q. Were you receiving a report from Mary Jean Halpenny or was she informing you other than the reporting session that morning?

A. Informing other than during



Bell
dr.ex. (Cronk)

1
C5 2 report.

3 Q. Do you recall whether or not
4 you discussed the deaths of any of these children
5 that had occurred while you were away with anyone
6 that day other than Mary Jean Halpenny?

7 A. I believe I discussed it with
8 Phyllis and Susan.

9 Q. They were on duty on the 16th
10 as well?

11 A. I believe they were.

12 Q. All right. Your own shift of
13 duty on March 16th as I understand it, Ms. Bell,
14 and I would ask you to confirm this, was that you
15 were working on the long night shift that night; is
16 that correct?

17 MS. KITELY: Can she be given Exhibit
18 334?

19 MS. CRONK: Mr. Registrar, could you
20 show the witness, please, Exhibit 334 and 335.

21 THE COMMISSIONER: I notice, Ms. Cronk,
22 that in Exhibit 344 Jordan Hines is in the first
23 group. Is there some reason? Are you coming to that?

24 MS. CRONK: Yes, sir.

25 THE COMMISSIONER: All right. Thank you.

MS. CRONK: Q. Could you look at the



Bell
dr.ex. (Cronk)

C6 1
2 WIN sheets for Ward 4B, Ms. Bell, and confirm for me
3 that you were working the long night shift on March
4 16th.

5 A. Yes, I was.

6 Q. And could you look at
7 Exhibit 335, which are the WIN sheets for Ward 4A
8 for March 16th. I suggest to you that Mrs. Trayner,
9 Miss Sui Scott and Mrs. Christie and Miss Brownless
10 were working the long night shift on March 16th
11 but that Susan Nelles was not.

12 A. That is correct.

13 Q. Do you have a specific recol-
14 lection of having discussed these deaths with Susan
15 Nelles on the evening of March 16th?

16 A. I recall discussing them with
17 Susan but obviously it wasn't the 16th of March.

18 Q. Did you speak to her by
19 telephone that evening?

20 A. No, no.

21 Q. Where were you when you spoke
22 to her about these deaths?

23 A. I was at work.

24 Q. I take it that she was
25 working?

A. Yes.



Bell
dr.ex. (Cronk)

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Q. Are you prepared to assume
then it was after March 16th?

4

A. Yes.

5

6

Q. Well, were you contacted at
any point during your holiday by either Phyllis
Trayner or Susan Nelles and informed of these deaths?

7

A. No.

8

9

10

Q. You learned of them for the
first time when you returned to work on the 16th of
March?

11

A. Yes, I did, yes.

12

Q. What did Miss Halpenny tell
you with respect to the children who died?

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A. We discussed Mrs. Manojlovich
and her reaction to her child's death, how upset
she was and how difficult it was for everyone to
somehow calm her down. There was a concern about,
I believe it was Inwood and the digoxin that was
given in error. There was one night when there was,
I believe it was the night the error had occurred
with Inwood, that there was a lot of confusion on
the ward because of other things that were happening,
whether it was Mrs. Manojlovich or whether it was
another arrest, I'm not sure; how distressed everyone
was at the number of deaths.



Bell
dr.ex. (Cronk)

1
C8 2 Q. Anything else that you can
3 recall?
4 A. No, I can't recall anything
5 else.
6 Q. Well, may we take the children
7 then one by one. Let's deal first with Jordan Hines.
8 Did Miss Halpenny or Mrs. Trayner that evening indi-
9 cate at any time to you that there was a concern
10 particularly regarding the death of Jordan Hines?
11 A. I believe there was a concern
12 that essentially the heart was normal, there was a
13 concern that death was due to SIDS.
14 Q. Do you recall being made aware
15 of a particular concern regarding that child's
16 death amongst the 4B nurses, your own nurses?
17 A. I believe that child died on
18 4B.
19 Q. That is correct.
20 A. So, the concern did come from
21 mary Jean.
22 Q. From anyone else on 4B?
23 A. There could have been but I
24 distinctly remember Mary Jean being upset by it.
25 Q. All right. Did Miss Halpenny
tell you that Jordan Hines' heart had been normal?



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A. I don't know if she did or not but I know I was aware of it but I don't know when I found out.

Q. Were you told as well whether or not his death was regarded as expected or unexpected by the nursing staff?

A. I guess more unexpected than expected.

Q. Well, indeed, wasn't there an element of shock amongst the 4B nurses concerning his death?

A. It was unexpected.

Q. Was there an element of shock amongst the Ward 4B nurses concerning his death?

A. I think at that point there was the concern that the heart was normal and that it was due to SIDS, so they would be very surprised at that.

Q. Well, who suggested to you that Sudden Infant Death Syndrome might have been responsible for his death?

A. I don't know; it could have been Mary Jean but I am not sure.

Q. Well, do you recall learning about it that night? Is that when the suggestion was



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made?

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A. It seems that I did know about
it then.

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Q. Do you remember discussing
it with Phyllis Trayner?

6

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A. I know I discussed it with
Phyllis but I had discussed it with Mary Jean first.

8

9

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Q. Did Miss Halpenny tell you
who had first made the suggestion that the child's
death might be attributable to Sudden Infant Death?

11

12

A. She could have but I don't
remember.

13

14

15

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Q. In your experience at The
Hospital for Sick Children, Ms. Bell, had you ever
before encountered a situation where a patient had
died at The Hospital for Sick Children and death was
attributable to Sudden Infant Death Syndrome?

17

18

A. I had never had any contact
with it, no.

19

20

21

Q. Was that something that you
regarded as unusual, a patient dying in the Hospital
and having death attributed to Sudden Infant Death
Syndrome?

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A. I had no kind of contact or
any kind of dealing with it, so I really wouldn't know.



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Q. In your own mind did you have the impression that the nurses were particularly concerned over this child's death and, if so, why?

A. There was definitely a concern there and I don't know if the concern was because it was a SIDS death or the fact that the heart was normal and this hadn't been picked up earlier; I'm not sure exactly what the main concern was.

Q. Were you told, Ms. Bell, by anyone that night when you came in for duty that Jordan Hines had been on two minitors: a cardiac monitor and an apnea monitor?

A. I was aware he was on a monitor but I am not sure if I knew of two.

Q. In the normal situation would you expect the monitoring of a child to reduce in a hospital the possibility of a Sudden Infant Death Syndrome episode?



/EMT/ak

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A. The use of a monitor hopefully
would reduce it, yes.

4

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Q. It is a detection device, isn't
it?

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A. Yes, it is.

7

8

Q. Designed to alert people on
the ward that the child may be in some difficulty?

9

A. Yes, it is.

10

11

12

13

Q. Do you recall being informed
by anyone, be it Miss Halpenny or by Ms. Trayner
or anybody else that night as to a particular
problem or difficulty that had arisen during the
resuscitation efforts for Jordan Hines?

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A. I don't -- I am not sure if
it was specific to Jordan Hines, but there was some
concern that one of the arrests that had occurred
during the time period had taken quite a long time,
but I don't know...I can't recall now if that was
specific to Jordan Hines.

19

20

21

Q. I'm sorry, that the arrest
had taken longer than usual or the resuscitation
efforts?

22

A. The resuscitation efforts.

23

24

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Q. All right. And is it possible
that that applied to Jordan Hines?



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A. It could be.

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THE COMMISSIONER: Why would there be a concern that it would take longer? Why would it - I'm sorry.

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THE WITNESS: Generally there was a time, sort of a time frame within about 40 minutes, and after that it was - if, like a child had sort of come around for a short period and then that you would hope that they would --

10

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THE COMMISSIONER: But that would make it harder but you are not complaining about - was someone complaining about the matter having carried on longer than it should have? Should they have abandoned it earlier?

15

16

THE WITNESS: No, no. I think it was the frustration of having it continuing for so long.

17

18

THE COMMISSIONER: Having the child appear to come around and then --

19

20

THE WITNESS: Yes, and then having to continue it and not having any success.

21

22

MS. CRONK: Q. How long would a normal resuscitation effort take in your experience on those wards?

23

24

25

A. I guess about an average would



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3 be 30 to 40 minutes. 40 minutes.

4 Q. And if I suggested to you that
5 in the case of Jordan Hines the time between the
6 child - the time between when the child was first
7 recorded as having gotten into difficulty and the
8 time when he was pronounced dead was over an hour
and a half, would that surprise you?

9 A. That would be a surprise, yes.
10 It would be a long time.

11 Q. Would a resuscitation effort
12 that lasted over an hour be regarded as unusual
by the nurses on those wards?

13 A. Yes, it would.

14 Q. Do you recall any suggestion
15 other than the one that you just referred to, and
16 that is the length of time of the resuscitation
17 effort, any suggestion that there was any other
18 problem or any difficulty which had arisen during
the resuscitation efforts for that child?

19 MS. FORSTER: Mr. Commissioner, if
20 there were problems surely the evidence should come
21 from someone who was present at the resuscitation
22 efforts and not from this witness.

23 MS. CRONK: Well, sir, I'm merely
24 interested at the moment in determining whether or not
25



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3 Ms. Bell is aware of any difficulties. If she isn't
4 obviously I will leave the matter there.

5 THE COMMISSIONER: Well, there is
6 something in what Miss Forster says. I would
7 certainly pay more attention if it came directly.
8 However, are you going to --

9 MS. CRONK: I would like the answer
10 to that question, sir, whether or not she was
11 informed of any other difficulties.

12 THE COMMISSIONER: Well, if it is
13 any comfort to you, Miss Forster, I am not going to
14 pay a great deal of attention to the answer but we
15 will have it anyway. What is it?

16 THE WITNESS: No.

17 THE COMMISSIONER: No?

18 MS. CRONK: There you are.

19 THE COMMISSIONER: Well then I will
20 pay a great deal of attention to it.

21 MS. CRONK: Mr. Registrar, could
22 you show the witness if you would, please, Exhibit
23 300?

24 Q. Ms. Bell, could you turn to
25 the last tab if you would, please? That is the
ward meeting book for Ward 4A. The pages of your
book are numbered and mine are not, but I would ask



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you to look at the entry for March 11, 1981.

3

THE COMMISSIONER: 180 in my book.

4

THE WITNESS: March 11th?

5

MS. CRONK: Q. Yes. Do you have

6

that?

7

A. Yes, I do.

8

Q. The entry for March 11th

9

indicates, Ms. Bell, there was a meeting amongst

10

the Ward 4A and 4B staff concerning recent arrests,
particularly 4B staff concern over Jordan Hines.

11

Carol Browne and Janet Beed were in attendance at

12

the meeting.

13

When you came in on March 16th were

14

you informed that a meeting had been held amongst

15

the nurses to discuss these deaths?

16

A. I had heard about the meeting,

17

yes.

18

Q. Did you hear about it when you

19

came in for work that night?

20

A. I read this as well.

21

Q. All right. Was it your

22

perception that there was a higher degree of concern

23

amongst the Ward 4B nurses concerning this child's

24

death than the other deaths which had taken place

25

during the 10-day period when you were on holidays?



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3 A. There was concern because the
4 children had died on Ward 4B and the circumstances
5 surrounding it, yes.

6 Q. I understand that, Ms. Bell,
7 but fairly I don't think that responds to the
8 question.

9 Was it your perception that there
10 was a higher degree of concern or distress over
11 this child's death, Jordan Hines, amongst the Ward
12 4B nurses than there was in respect to the other
13 children who died during the same time period?

14 A. I believe there was more
15 of a concern, yes.

16 Q. All right. And other than
17 the reasons you have already outlined, did you
18 regard that as flowing from any particular fact
19 or event that had occurred concerning the death
20 of Jordan Hines?

21 A. No, not a particular, no.
22 Nothing.

23 Q. Do you recall what you were
24 told regarding the death of David Leith? You
25 remember that he died on March 6th.

A. No, I don't.

Q. Do you recall any specific



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discussion with Mary Jean Halpenny concerning that child?

A. I don't recall anything specific about the child, no.

Q. I take it you had never seen the child personally?

A. No.

Q. Do you recall what you were told that night either by Phyllis Trayner or Mary Jean Halpenny or others who were on duty regarding the death of Colleen Warner?

A. I don't recall anything about it, no.

Q. Do you recall being told anything specific regarding the death of Barbara Gionas?

A. No, nothing.

Q. You have told us that you did discuss with Miss Halpenny the reaction and distress of Mrs. Manojlovich to the death of her daughter Michelle.

A. Yes.

Q. Do you recall being told anything else either by Miss Halpenny or any of the other nurses on duty concerning that child's death other than with respect to the distress of her mother?



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A. Well, that Michelle had been unstable as well, and that she hadn't been doing terribly well after her surgery.

5

6

Q. Did her death as well seem to be regarded as unexpected by the nursing staff?

7

8

A. I believe she was doing a bit better just prior to her death, so I guess there was a degree of that it wasn't expected.

9

10

11

Q. Was there any concern insofar as you were aware amongst the nurses as to why that child had died?

12

13

A. No, I don't think there was any concern.

14

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19

Q. At any point when you came in on March 16th or on the days thereafter was it suggested to you that any of those five children (that is David Leith, Colleen Warner, Michelle Manojlovich, Barbara Gionas and Jordan Hines) may have died by virtue of the involvement of toxicity from digoxin?

20

A. No.

21

22

Q. Was the potential for toxicity from any drug raised in respect of any of those children?

23

24

25

A. No.



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Q. Did you know, Ms. Bell, that Jordan Hines had not been prescribed digoxin at the Hospital for Sick Children?

5

A. No, I didn't know.

6

7

Q. Was there any discussion at all concerning the medications that those various children had received?

8

A. No, there wasn't.

9

10

Q. What were you told by Miss Halpenny concerning the death of Kevin Pacsai?

11

12

13

A. I believe that was the child that they had gotten to the unit, to ICU, and he had died in ICU.

14

Q. That is right.

15

16

A. There was something about a high potassium level.

17

Q. What were you told in that regard?

18

19

A. That there was a high potassium level.

20

21

Q. Was that in discussion with Miss Halpenny?

22

A. Yes, it was.

23

24

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Q. All right. Did she tell you that there was concern regarding a high potassium



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level recorded on the child?

3

A. There would be a concern, yes.

4

Q. Were you told that there was

5

concern as well concerning a potentially high

6

digoxin level in a child?

7

A. No, I wasn't told about a high

8

digoxin level, no.

9

Q. What else were you told by

10

her concerning Kevin Pacsai?

11

A. Nothing else.

12

Q. Were you aware that he, like

Joran Hines, had a normal heart?

13

A. Not at that time, no.

14

Q. Did you learn that subsequently?

15

A. Yes.

16

Q. When did you learn that?

17

A. Once the investigation started

after Susan's arrest.

18

Q. All right. Were you told

19

whether or not his death was regarded as expected

20

or unexpected by the nursing staff who were then on

21

duty?

22

A. There was nothing said

23

specific about his death being unexpected, no.

24

Q. Well, did you have the impression

25



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2 by virtue of your discussions with the nurses that
3 night that his condition had been regarded as
4 terminal or fatal?

5 A. Mary Jean had said that she
6 felt he would do okay once he got to the unit and
7 he had gotten to the unit. And then there was I guess
8 a degree of surprise that he did die.

9 Q. Indeed did it not appear to
10 you at the time that the nurses were concerned
11 regarding the timing of his death just as they were
12 with Jordan Hines?

13 A. I guess - yes.

14 Q. Were you told that the coroner
15 was involved in the death of Kevin Pacsai; that an
16 investigation was going to be conducted?

17 A. No, I wasn't.

18 Q. Did you have any discussion
19 that evening at all that you can recall concerning
20 the involvement of the coroner in any of these deaths?

21 A. No.

22 Q. Were you aware of any
23 particular concern by Dr. Costigan regarding the
24 death of Kevin Pacsai?

25 A. Not until some time after.

Q. All right. What did --



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3 THE COMMISSIONER: Miss Cronk,
4 why does this matter? We have had Dr. Costigan.
5 I don't know whether we are going to have
6 Miss Halpenny but we have had Dr. Costigan and we
7 have heard from him about his concern. What does
8 it matter whether the nature of that concern was
9 passed on to this witness?

10 MS. CRONK: Well, in my submission,
11 sir, you will hear Ms. Bell's later evidence concern-
12 ing the events on the weekend of March 20th.

13 THE COMMISSIONER: Yes.

14 MS. CRONK: When Allana Miller
15 died and Justin Cook died.

16 THE COMMISSIONER: Yes.

17 MS. CRONK: It would be helpful to
18 you, sir, in my submission to know what was or was
19 not common knowledge amongst the nurses at the out-
20 set of that weekend, including what matters were
21 under investigation with respect to Kevin Pacsai
22 and what matters were being perceived to be of
23 concern to the Hospital at that time.

24 THE COMMISSIONER: Well, perhaps
25 it would be if my mandate were to deal with the
conduct of the nurses and the Hospital on that
weekend.



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3 My mandate is to find out the cause
4 of death of the children and to later on to consider
5 the conduct of the police.

6 MS. CRONK: I understand that, sir,
7 and I am in your hands.

8 My submission to you is that if there
9 was concern at that time, that is in the week of
10 March 16th prior to the death of Allana Miller,
11 regarding digoxin toxicity with Kevin Pacsai, and
12 that was a concern of which Ms. Bell was made aware,
13 then that is relevant to you, sir, in understanding
14 the events of that weekend.

15 I see my friend is on his feet.

16 THE COMMISSIONER: Yes, Mr. Hunt.

17 MR. HUNT: I support Miss Cronk.
18 I think, sir, you have to know what the atmosphere
19 at least amongst the nursing staff was in that
20 Hospital in the days preceding what happened on the
21 last weekend, 21st, 22nd. Your mandate is to find
22 out how these children died and the means by which
23 they died.

24 In my submission it is important to
25 know the background against which the two children,
Miller and Cook, died because that in a sense is a
starting point for much of what goes on.



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THE COMMISSIONER: Well, if there is going to be argument that this evidence is relevant - I am not going to concede that I am going to find it a vital importance, but if there is argument that it is relevant we at least have to have the evidence, so it is easier to have it.

Yes, Miss Kitley?

MS. KITLEY: Sir, if I might make a comment on the evidence.

It is my submission that my friend has gone a little bit too far in her line of questioning because of the fact that so many of these deaths occurred when Ms. Bell wasn't anywhere near the Hospital.

THE COMMISSIONER: But it --

MS. KITLEY: I have restrained myself so far but I share the concern that you express.

THE COMMISSIONER: Well, you have heard what Mr. Hunt says and Miss Cronk says that it is important for me to know the atmosphere around the Hospital just before the 21st, 22nd.

I am not absolutely convinced of that, but they say it is and no doubt will try to argue me into it.



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MS. KITELY: Well, I rise, sir, --

THE COMMISSIONER: Now, can you
defeat that argument?

MS. KITELY: I am not sure that we
are going to - that this will be the last time we
are in this position.

THE COMMISSIONER: No, I am not
sure that it is either. That is why I mentioned it.

MS. KITELY: I wouldn't want it
said that having failed to object at this point in
time I might be precluded from doing so later.

THE COMMISSIONER: No.

MS. KITELY: If Ms. Cronk were
asking about deaths that occurred perhaps on a
shift immediately before, it would be different,
but she is concentrating on this group of deaths
when Ms. Bell was clearly away and she is therefore
being asked to conjecture on the basis of a
conversation she had with Miss Halpenny.

MS. CRONK: Well, sir, I am not
going to belabour the point. I'm not going to
ask Ms. Bell to conjecture: I want to know what
she was told when she returned to the Hospital;
what she knew was happening with respect to Kevin
Pacsai and what she didn't know.



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THE COMMISSIONER: Yes. You have got support from an unexpected quarter over here and so I am not going to prohibit it but let me just say this: to begin with it is hearsay, if we are talking about a real trial, unless there were something about that evidence which took it out of hearsay rule and I can't think what it is. Also we have those nurses or most of those nurses are available and some of them may well be called who can tell us precisely what they did say.

But what we have been concentrating on are surely the people who were present at that time when these children died as to what did take place. Surely that is a better source --

MS. CRONK: I understand --

THE COMMISSIONER: -- of the mood we assume. For instance, if on the night of the 15th some terrible event occurred and everybody was disturbed, I can assume that the nurses that come on on the 16th would be told about it. I don't see how that could possibly be avoided.



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MS. CRONK: Well, I understand your concern, sir, and I will try to avoid any further difficulty. There are two further questions in this area that I would like to put to Ms. Bell.

THE COMMISSIONER: Yes. All right.

MS. CRONK: Q. Ms. Bell, were you aware during the week of March 16th, prior to the Friday night, that Dr. Fowler was looking into the matter of Kevin Pacsai's digoxin levels?

A. No, I wasn't.

Q. When did you become aware of the digoxin levels that had in fact been recorded for Kevin Pacsai?

A. I was not made aware of the digoxin levels until after Susan's arrest.

Q. That is after March 25, 1981?

A. Yes.

Q. You did however work on Friday night, the evening of March 20th, on the long night shift?

A. Yes, I believe I did.

Q. And you worked the next night, March 21st, as well?

A. Yes.

Q. Do you recall being informed



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or discussing with Phyllis Trayner and Susan Nelles on the night of March 20th of the involvement of the Coroner in Kevin Pacsai's death and the fact that a digoxin level of 25 nanograms had been recorded on that child?

A. No.

Q. Ms. Bell, to be fair to you, at the preliminary hearing concerning Susan Nelles, Mrs. Trayner testified - this, Mr. Commissioner, is found at Volume 5, starting at page 993 - that on the Friday night when both she and Susan Nelles attended at work, and when you were at work, there was a discussion at the nursing station that evening at approximately 7:15 p.m. --

THE COMMISSIONER: That is the evening of which?

MS. CRONK: March 20th, sir. Friday, March 20th.

Q. -- and she suggests as follows, Ms. Bell --

MS. KITELY: If my friend is going to read from a lengthy passage, could a copy of the transcript be given to Ms. Bell so she can follow it.

MS. CRONK: It is not that lengthy, sir, but if the witness needs it --



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THE COMMISSIONER: We will see how she reacts. If you want to have it, Ms. Bell, we will get it for you.

4

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MS. KITELY: Thank you, sir.

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MS. CRONK: Q. Ms. Bell, this is found as I suggested in the evidence of Mrs. Trayner at the preliminary hearing and, at page 994, she was asked concerning the discussion on March 20th:

9

"Q. Where did you discuss it?"

10

11

"A. It was discussed at the nursing station."

12

"Q. And who was there?"

13

14

"A. There was Bertha Bell, myself and I looked to see who else was on..."

and she continues:

15

16

17

"A. Okay, at the nursing station was Miss Bell, Mrs. Reaper, myself, Susan Nelles."

18

19

20

"Q. What was the discussion? This was about Baby Pacsai and the high digoxin reading?"

21

"A. Yes."

22

23

"Q. What was it?"

24

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"A. Susan Nelles had told us that Liz Radojewski had called her in



Bell
dr.ex. (Cronk)

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Belleville the night before and had told her that there would be a Coroner's Inquest into Baby Pacsai's death, that the digoxin level they found at autopsy was 25, and Sue said Liz had asked her to write down everything she could remember about that night for the baby in case she was called in to explain anything. It was discussed, we wondered how the baby could get such a high level. We thought it was still a mistake and it was brought out then that we hoped they would go back to McMaster Hospital to make sure that the child had not received too much digoxin at that time, or at their hospital. We realized the baby had died but this is the first step that a level of digoxin was that high."

Do you recall in light of that evidence, Ms. Bell, any discussion on Friday, March 20th, concerning the digoxin level that had been recorded on Kevin Pacsai?

A. No, I don't.

Q. I take it then that you do not



Bell
dr.ex. (Cronk)

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recall being at the nursing station and having a conversation of that nature with Phyllis Trayner and Susan Nelles?

A. No, I don't recall.

Q. You do not recall being told that evening that the Coroner was involved in the death of Kevin Pacsai?

A. No.

Q. I take it then in your view, Mrs. Trayner's recollection is inaccurate of the events of that night?

A. It could be.

Q. It certainly doesn't accord with your own?

MR. BROWN: I don't think that is a proper question.

THE COMMISSIONER: I think that inevitably follows, doesn't it?

MR. BROWN: I don't know whether it is proper to put to the witness someone else's recollection may be ~~in~~ inaccurate.

THE COMMISSIONER: I think it is only fair to put -- you must put to the witness, if somebody else said something has happened which is important, you must put all the details. I don't see



1
E6 2 anything radically wrong with saying, then I think
3 if Mrs. Trayner says that her recollection is -- if
4 the question had been, accordingly, then you have to
5 say that Mrs. Trayner has concocted the most
6 enormous falsehood, then I think it might well be
7 an improper question, but I thought it was put
8 rather delicately.

9 MR. BROWN: I suggest you could have
10 the same effect by saying, is your recollection
11 different? Why characterize it by "inaccurate"?

12 THE COMMISSIONER: Yes. All right.
13 Well, I am not overcome by that.

14 MS. CRONK: Q. May we turn to the
15 case of --

16 THE COMMISSIONER: Yes, Miss Kitley.

17 MS. KITLEY: I am not sure with my
18 friend rising that the answer was heard. The witness
19 did answer the question.

20 THE COMMISSIONER: Yes. Well, I heard
21 it. It could be.

22 MS. KITLEY: That's fine, sir. Thank
23 you.

24 MS. CRONK: May I continue, sir?

25 THE COMMISSIONER: Yes.

MS. CRONK: Q. Can we turn now to the



1
E7 2 case of Kristin Inwood. That is one of the children
3 you will recall who also died when you were on
4 holiday. Do you recall specifically what you were
5 told about that child's death when you returned to
6 work?

7 A. The only thing I recall being
8 told about Inwood's death was that there was an
9 error made with regard to giving digoxin.

10 Q. Who told you that?

11 A. Mary Jean Halpenny.

12 Q. Were you informed of any
13 particular concern by the nurses or the physicians
14 regarding the cause of that child's death?

15 A. Well an error, a drug error
16 had been made, so it would be natural to assume that,
17 you know, could have been your fault. So there was
18 that concern that the error had been made, but I
19 don't think that the concern was that that was the
20 cause of death.

21 Q. The evidence here has been,
22 Ms. Bell, that the child received by accident a dose
23 of digoxin at 5:30 in the morning on March 12th that
24 was intended and prescribed for Kevin Pacsai. The
25 child in fact died during the early morning of
March 13th. Other than that one error of which you



1
E8 2 were told was any suggestion made in your presence
3 when you returned to work that there had been another
4 medication error with respect to this child?

5 A. No. That was the only one
6 I was aware of.

7 Q. Was there any suggestion
8 that other than the one dose of digoxin which she
9 received in error, she may have received a medication
not intended for her?

10 A. She received the medication
11 that wasn't intended for her, yes.

12 Q. Other than the one?

13 A. No, just the one.

14 Q. Did there appear to your
15 mind to be the same degree of concern regarding the
16 timing of that child's death as there was with
respect to Jordan Hines and Kevin Pacsai?

17 THE COMMISSIONER: By the timing, you
18 mean the unexpectedness?

19 MS. CRONK: Yes, sir.

20 A. There was no specific reference
21 made to this child's death. The reference was to
22 all the deaths that had occurred and with the number
23 of deaths, but nothing specifically that was un-
24 expected.
25



1
E9 2 Q. By the time you came in to
3 work on March 16th and were informed of these
4 deaths, Ms. Bell, there had been seven deaths on these
5 wards that had happened in as many days, seven days.
6 When you learned of those deaths did you lend your
7 mind to how the deaths could have been caused?
8 A. I had thought about it, yes.
9 Q. Did it occur to you at that
10 time that the deaths might not all have resulted
11 from natural causes?
12 A. These children were not in
13 a natural state, there was obviously something wrong
14 with them because they were in the Hospital. Per-
15 haps your interpretation of natural and mine is a bit
16 different.
17 Q. Well, did it occur to you when
18 you were confronted with the fact that seven children
19 had died when you were on holiday that there might
20 perhaps have been some deliberate intervention
21 causing some or all of them to die?
22 A. I didn't feel there was some
23 deliberate intervention, no.
24 Q. Was there an explanation that
25 presented itself to you as to why they were dying?
A. No.



1
2 Q. It was a matter however that
3 you canvassed in your own mind?

4 A. Yes, I did.

5 THE COMMISSIONER: You canvassed it,
6 you mean you gave it some thought as to why that
7 might have happened?

8 THE WITNESS: No. I gave it thought
9 as to why there was such an increase and just sort
10 of looking at the number and the condition of the
11 children.

12 THE COMMISSIONER: The question Miss
13 Cronk asked you was whether you had considered the
14 possibility of some deliberate intervention.

15 THE WITNESS: No, I didn't.

16 THE COMMISSIONER: You hadn't given
17 that any thought?

18 THE WITNESS: No, I hadn't.

19 MS. CRONK: Q. Were there any
20 possible explanations for all these deaths that did
21 occur to you at that time?

22 A. No.

23 Q. Was it something that you
24 spoke about with the cardiologists in an effort to
25 understand why they had died?

A. No, I didn't.



Bell
dr.ex. (Cronk)

E11

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Q. Was it a matter that was discussed by you with any of the senior nurses in the Hospital in an effort to understand why they had died?

A. No.

Q. Of the seven deaths that had occurred, Ms. Bell, a number had occurred on your own ward, Ward 4B, or at least in association with; Jordan Hines had died there, Kristin Inwood had died and Kevin Pacsai had died in the Intensive Care Unit very shortly after being transferred from your ward. The other four had all taken place on Ward 4A while members of Phyllis Trayner's nursing team were on duty. Did those facts cause you any particular concern?

A. No.

Q. You have told us that you did come in to work on Friday night, March 20th. My understanding is that you worked the long night shift that night, and Allana Miller died in the early hours of the morning on Ward 4A. Could I ask you to turn again to Exhibit 32A, that is the volume beside you. Turn first if you would please to Tab 18, which is the Ward 4B assignment book for March 20th, and at pages 8 and 9, Ms. Bell.



E12

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2

A. Yes, I have it.

3

Q. This is the Ward 4B assignment

4

for the long night shift of March 20th. Am I reading

5

that correctly that you were on duty as the nurse

6

in charge on Ward 4B?

6

A. Yes, I was.

7

Q. There were three other members

8

of the nursing staff on duty; Miss Reaper, Miss

9

Whittingham and Mrs. Lyons.

10

A. That is correct.

11

Q. . Could I ask you to turn now

12

to Tab 13, which is the 4A assignment book, and

13

again to the entries for March 20th, which are

14

pages 176 and 177.

15

A. I have it.

16

Q. Mrs. Trayner appears to have

been the nurse in charge on Ward 4A that night.

17

A. That is correct.

18

Q. And until eleven o'clock

19

that night she appears to have had responsibility

20

for two patients, one in Room 418 and one in Room 426.

21

A. That is correct.

22

Q. Am I correct that the Miller

23

child appears to have been in Room 423 both during the

24

day and that evening?

25



E13

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A. That is correct.

3

Q. And on the night shift the

4

care of that child was assigned to Miss Nelles?

5

A. That is right.

6

Q. And she also had, until

7

eleven o'clock that night, the care of two other
children in a different room, Room 418?

8

A. Yes.

9

Q. And as well Mrs. Christie was

10

on duty and had responsibility for six children,

11

at least until eleven o'clock that night, and then

12

she appears to have had the care of five children

13

for the balance of the night; is that correct?

14

A. That is right.

15

Q. Is that how you interpret

those entries?

16

A. Yes.

17

Q. Miss Brownless was on duty

18

from seven until eleven o'clock at night and she

19

appears to have been serving as a relief nurse?

20

A. That is correct.

21

Q. Would that have been on

Ward 4B or another area in the Hospital or can you
tell?

22

23

A. Looking at the 4B, she would

24

25



1
E14 2 have been somewhere else in the Hospital.

3 Q. After eleven o'clock it
4 appears that she returned to 4A and had responsibility
5 for four patients?

6 A. That is correct.

7 Q. With respect to the Miller
8 child, inasmuch as Miss Nelles after eleven o'clock
9 that night had responsibility for two children, that
10 is Allana Miller herself and one other child in
11 Room 418, is it fair to conclude that from 11:00 p.m.
on Allana Miller was on shared nursing care?

12 A. It would appear that way.
13 Well, no. It wouldn't be because she was in a
14 different room.

15 THE COMMISSIONER: I am having
16 trouble with that.

17 THE WITNESS: No. She has two
18 children in 418.

19 MS. CRONK: Q. Can we back up. If
20 we look to the entries for Miss Nelles she has one
child in Room 423.

21 A. Right.

22 Q. And that appears to be
Allana Miller?

23 A. That is right.

24

25



Bell
dr.ex. (Cronk)

E15

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Q. She has two children in

3

Room 418?

4

A. Right.

5

Q. And their names appear

beside the room?

6

A. Right.

7

Q. And beside that as well in

8

writing there appears to be an indication that

9

only one of those children in Room 418 was in her

10

care until eleven o'clock that night; is that

11

correct?

12

A. It could be. It is hard

to say. I don't know.

13

Q. It may not be?

14

A. It may not.

15

THE COMMISSIONER: I may be wrong

16

but doesn't it look as though two of them were in

17

her care until eleven o'clock and only one of them

18

after that?

19

MS. CRONK: I'm sorry, sir, that is

what I intended to say.

20

THE COMMISSIONER: All right.

21

MS. CRONK: Q. So that after eleven

22

o'clock it appears she had one child in Room 418

23

to care for?

24

25



Bell
dr.ex. (Cronk)

1
E16 2 A. It would seem that way.
3 Q. If a nurse had two children
4 on any particular shift but each child was in a
5 separate and distinct room, should that properly
6 be regarded as shared care nursing?
7 A. No.
8 Q. Does shared care nursing
9 necessarily mean two children in the same room?
10 A. Yes, it would.
11 Q. Did you have occasion personally
12 to see Allana Miller that night when you reported
13 for duty?
14 A. Yes, I did.
15
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Q. When was the first time that
you saw Allana Miller?

A. I can't pinpoint an exact time
but it would be some time after 9:00, 9:30 that
evening.

Q. What makes you think it was after
9:00 or 9:30 that evening?

A. Because by the time I got
report and made rounds on 4B and there was a few other
things I did on 4B, I don't believe I was at the desk
until about 9:30.

Q. Well, how did it come about that
you saw Allana Miller then?

A. The alarm on her cardiac monitor
sounded, so, I went to answer it.

Q. Where were you at the time?

A. At the nursing station.

Q. Did you enter Allana Miller's
room?

A. Yes, I did.

Q. Who was there at the time?

A. No one.

Q. What was the child's condition?

A. The cardiac monitor, the alarm
was off, so, I did her vital signs. She was a bit



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restless, she sounded a bit congested, so, I did her
vital signs and I resettled her.

3

4

Q. Were her vital signs stable
when you left?

5

6

A. They were, yes.

7

8

Q. How long were you in the room?

9

10

A. Anywhere from three to five
minutes.

11

12

Q. Prior to having seen the child
then between 9 and 9:30 that night, did you have any
understanding as to what her condition was?

13

14

Had you been told her condition when you came on
duty?

15

16

A. I knew of her diagnosis, I had
looked after her previously.

17

18

Q. Was she considered seriously ill?

19

20

A. Her cardiac anomaly was considered
serious, yes.

21

22

Q. She was not, however, as we have
seen from the assignment books considered sufficiently
gravely ill so as to be on constant nursing care that
night.

23

24

A. Yes.

25

26

Q. Was she insofar as you were aware
considered to be - again the same phrase - in imminent

27

28



1
2 risk of dying, was it thought that she could die at
3 any time?

4 A. . Not that I was aware of, no.

5 Q. All right. And after you had
6 been in the room from 3 to 5 minutes what did you then
7 do?

8 A. I left the room and I let
9 either Phyllis or Susan know that I had done the signs
10 and that she had settled and that she was all right.

11 Q. All right. And did you see
12 Allana Miller again during that night shift?

13 A. Again, it was the same situation,
14 her cardiac monitor, the alarm went off and I went back
15 into the room and I did basically the same thing.

16 Q. All right. Well, when did it go
17 off for the second time?

18 A. I don't know.

19 Q. Well, how long, if you can
20 estimate it for us, was it after the first time you had
21 been in her room that you went back into her room
22 again having heard the monitor for the second time?

23 A. Within an hour.

24 Q. This was before midnight then?

25 A. I believe it was, yes.

Q. And who was in the room this



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4

2

second time when you went back in?

3

A. No one.

4

Q. What was the child's condition

then?

5

6

A. It was the same, the monitor,
the alarm was off and it was flashing that her heart
rate was low but when I did her vital signs she was
stable.

8

9

Q. How long were you in the room

10

this time?

11

A. About the same time.

12

Q. While you were there did anyone

else come in the room?

13

14

A. I don't think anybody came at

that time, no.

15

Q. Was there an intravenous

16

line running on the child when you were there?

17

A. Yes.

18

Q. Both times?

19

A. Yes.

20

Q. Both times?

21

A. I believe there was, yes.

22

Q. All right. And what did you do

when you left the room this time?

23

A. The same thing, I reported to

24

25



1

2

either Susan or Phyllis the condition of the child
and that the alarm had gone off again.

4

Q. Had you returned to the nursing
station or were you back with patients on Ward 4B?

5

6

A. I was doing both, I was checking
patients on 4B and I had a patient as well that night.

7

8

Q. Where was your patient?

9

A. I believe it was 410, which
would be down the centre hall.

10

11

Q. All right. After that second time
before midnight did you see the child again before
midnight?

12

13

A. I think I did but I'm not sure
of the exact time.

14

15

Q. Well, if you think about the
time when you entered the room for the second time,
can you tell me, was it minutes or a substantial period
of time after that that you went back into the room?

16

17

18

A. Well, I had done a few things
so it would be longer than a few minutes.

19

20

Q. And why did you go back in the
room a third time?

21

22

A. Again, the same thing, the
monitor.

23

24

25

Q. You heard the monitor go off



1

2

again?

3

A. Yes.

4

Q. Were you passing the room or

5

where were you?

6

A. No, I was near the nursing

7

station.

8

Q. Was there anyone in the room this

9

time when you went in?

10

A. I believe this was the time when

Phyllis was in the room.

11

Q. All right. And what was Mrs.

12

Trayner doing when you entered the room?

13

A. She was giving a medication.

14

Q. Where was she giving a medication?

15

A. Into the buretrol, the I.V.

line.

16

Q. What did she have in her hands?

17

A. She had a syringe with a needle

18

on it.

19

Q. Do you know what medication it

20

was that was being administered?

21

A. I don't know for sure, no.

22

Q. All right. Did you speak to

23

Mrs. Trayner about the medication that was being

24

given?

25



1

7 2 A. No, I didn't.

3

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Q. What was the condition of the
child when you entered the room?

5

6

7

A. She was restless, she sounded
more congested than she had earlier, her alarm went
off sort of intermittantly while I was in there. She
seemed to be more unsettled.

8

9

Q. Where was the medication being
administered to the child?

10

A. Into the buretrol.

11

12

Q. Was there any particular markings
on the syringe that Miss Trayner had?

13

A. Not that I could see, no.

14

Q. How large a syringe was it?

15

A. It was a small, probably a
3 cc. syringe.

16

17

THE COMMISSIONER: I'm sorry, what kind
of a syringe, a 2 cc?

18

THE WITNESS: About a 3 cc.

19

THE COMMISSIONER: 3 cc.

20

21

MS. CRONK: Q. Did you notice the
colour of the liquid or the fluid that was in the
syringe?

22

A. No, I wasn't that close.

23

Q. You saw no markings on the syringe

24

25



1
2 itself?

3 A. Other than the graduations that
4 were there anyways.

5 Q. Did you see Mrs. Trayner draw
6 up the medication that was in the syringe?

7 A. No, I didn't.

8 Q. Was she in the process then of
9 administering the medication when you entered the room?

10 A. Yes, she was.

11 Q. Can you tell me, Ms. Bell, when
12 you are required as a nurse to flush an I.V. line,
13 does that entail the use of a needle and a syringe?

14 A. No, it doesn't.

15 Q. How does one go about flushing
16 an I.V. tubing?

17 A. Basically what you are doing is
18 refilling -- you have had a medication run through,
19 the buretrol is empty, so, you add more solution and
20 then you let the solution run through so it flushes
21 the medication through because before that you just
22 have the medication sitting in the tubing.

23 Q. All right. If you wanted to add
24 something to the I.V. bag of a particular patient,
25 would that require the use of a syringe and needle?

A. To an I.V. bag?



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9

2

Q. Yes.

3

A. Yes, it would.

4

5

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mind that you saw the medication that was being administered by Mrs. Trayner being administered into the buretrol as opposed to the I.V. bag?

A. It was into the buretrol.

Q. Did you see any sticker attached to the buretrol at the time this medication was being given?

A. I don't recall if there was, I don't know.

Q. Did you see Mrs. Trayner afix a sticker to the buretrol?

A. No, I didn't.

Q. How long were you in the room?

A. Just for a couple of minutes.

Q. Did anything else occur in the room while you were there?

A. No, nothing at that time.

Q. Did anyone else enter the room while you were there?

A. I don't believe anybody did that time, no.

Q. Was there anyone there other



1

10

2

than Mrs. Trayner when you went in?

3

A. No.

4

Q. As best you can recall it,

5

Ms. Bell, did this occur before midnight or after midnight?

6

A. I can't place it exactly, I believe it was anywhere between 11 and 1.

8

Q. All right. Could you turn with

9

me, if you would, please, to the medical record of this child. Mr. Registrar, it is Exhibit 115.

10

11

While we are waiting for that, Ms.

12

Bell, you have told me that the first time you saw Allana Miller as best you can recall it was between you think 9 and 9:30 on the evening of March 20th.

13

14

A. I think so, yes.

15

Q. And you have said that you think

16

you saw her again when the monitor went off for the second time and you heard it you think about an hour later?

17

18

A. Yes.

19

Q. That would make it then

20

approximately between 10 and 10:30. Do I have that correctly?

21

22

A. Yes.

23

Q. Does that help you at all in

24

25



1
11 2 determining what time it was that you went back into
3 the room for the third time when Mrs. Trayner was
4 there?

5 A. The only thing that I can
6 recall that might place the time is that I saw Susan
7 going down with Justin Cook to the echo lab.

8 Q. All right. Well, Justin Cook
9 had been admitted that night, had he not, to Ward 4A?

10 A. Yes, he had.

11 Q. Do you recall what time he had
12 been admitted?

13 A. Well, from going over the charts
14 I believe it was 11:00.

15 Q. And who admitted the child?

16 A. Susan.

17 Q. How long a process is it to
18 admit a child?

19 A. Depending on what has to be car-
20 ried out it could take up to a half hour.

21 Q. Do you recall how long it took
22 in this case?

23 A. No, I don't.

24 Q. And you have said that the child
25 then went to the echo lab?

A. Yes.



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Q. Did he go immediately after having been formally admitted on the ward or was there a delay before he went?

A. He could have gone before Susan had actually finished her admission, I am not sure.

Q. Did you see Ms. Nelles leave the ward with Justin Cook to go to the echo lab?

A. Yes, I had passed her as I was going down.

Q. Do you recall what time that was?

A. No, I don't.

Q. Was it after you had been in Allana Miller's room for the second time and after Justin Cook had been admitted?

A. I believe it was, yes.

Q. Do you recall whether or not it was before midnight?

A. No, I don't.

Q. Do you know how long she was gone?

A. It could have been 45 minutes.

Q. Well, it could have been; do you recall one way or the other?

A. Not exactly, no.



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13

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Q. Did you see her when she returned?

3

A. I did but I didn't notice the

4

time.

5

Q. Once again, do you recall whether

6

or not that was past midnight one way or the other?

7

A. No, I don't.

8

Q. Do you remember when you took

9

your own coffee break that evening for the first time?

10

A. It was before midnight.

11

Q. Was it before or after you had

12

had your first coffee break that you saw Susan Nelles
go to the echo lab?

13

A. I had seen her go after my break,

14

I believe.

15

THE COMMISSIONER: I'm sorry, I didn't

16

hear that.

17

THE WITNESS: After my break.

18

THE COMMISSIONER: Yes. Could I just

19

interrupt for a moment. You said you saw Susan Nelles
going down with Justin Cook to the echo lab. When was
that in relation to this third time you went into the
Miller baby's room?

21

THE WITNESS: Well, I had heard the

22

alarm, I was at the desk.

23

THE COMMISSIONER: And it was just then,

24

25



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was it?

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THE WITNESS: Yes, and Susan was passing through.

5

6

THE COMMISSIONER: So, it was right at the time that Susan Nelles went to the echo lab?

7

8

9

THE WITNESS: Right.

THE COMMISSIONER: That you went in, and that's the third time, and you went in because the cardiac monitor had gone off.

10

11

THE WITNESS: Yes.

THE COMMISSIONER: Yes, all right.

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MS. CRONK: Q. Well, to assist you with that, Ms. Bell, there was evidence at the preliminary hearing concerning Susan Nelles as to the time when Susan Nelles took Justin Cook to the echo lab. I'm sorry, I can't find the volume in front of me, but in Volume 5 Phyllis Trayner testified that Susan Nelles left Ward 4A at approximately 11:40 in the evening with Justin Cook and went to the echo lab and returned at approximately 12:20 a.m. That is found, Mr. Commissioner, at pages 1171 to 1172. Does that assist you at all, Ms. Bell, in recalling what time it was that you saw Susan Nelles leaving for the echo lab with Justin Cook?

23

24

25

A. Well, then, it would be 11:40.



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15

2

Q. Well, is it possible that it

3

was that time?

4

A. Yes, it is.

5

Q. And you told the commissioner that

6

it is exactly at that time that you went into Allana
Miller's room for the third time?

7

A. Yes.

8

Q. And was that when you saw Phyllis

9

Trayner administering a medication to the child?

10

A. I believe it was, yes.

11

Q. Could you turn with me in the

12

medical chart of this child to page 38.

13

MR. ROLAND: Just so that the record is

14

clear, I have looked up or we have looked up Ms. Cronk's
reference in the prelim and she is almost correct,

15

it is actually 11:50, not 11:40, it is ten to twelve.

16

MS. CRONK: Thank you. And did he come

17

back at 12:20?

18

MR. ROLAND: You are correct, Ms. Cronk.

19

MS. CRONK: Thank you.

20

THE COMMISSIONER: Yes, page 38, did

you say?

21

MS. CRONK: Page 38 of the medical

22

record.

23

Q. This is the medication treatment

24

25



16 1
2 record for this child. I would like to examine with
3 you certain of the events that occurred other than
4 what you have already described before midnight that
5 night with Allana Miller. Can you help me as to what
6 the first medication is that appears to have been
7 administered to the child during the night shift before
8 midnight?

9 A. Aldactazide 12.5 milligrams was
10 given by mouth at 2100 by Susan Nelles.

11 Q. That is at 9 p.m.?

12 A. Yes, it is.

13 Q. And that is a drug we have heard,
14 at least I believe you have told me, that requires a
15 second check by a second nurse?

16 A. No.

17 Q. It does not?

18 A. This one does not, no.

19 Q. All right. And what was the
20 next drug that was given to this child?

21 A. Ampicillin 350 milligrams was
22 given I.V. at 2300, 11 p.m. by Susan Nelles.

23 Q. All right. Well, other than the
24 aldactazide, was there another drug that was given at
25 2100 hours, 9 p.m.?

A. Yes, digoxin, .032 milligrams



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17

2

was given at 9 p.m. by Susan.

3

Q. I'm sorry?

4

A. By Susan Nelles.

5

Q. And how was it given?

6

A. By mouth.

7

8

Q. All right. So that there were two drugs, then, medications recorded as having been given at 9 p.m.?

9

A. Yes.

10

11

12

Q. And the digoxin we have heard from you earlier is a drug that required a second check by a second nurse?

13

A. Yes, it did.

14

15

Q. And then the third drug that was given was what?

16

A. Gentamicin 10 milligrams I.V. was given at 1 a.m.

17

18

19

Q. I'm sorry, I was trying to do it in terms of time. We have two drugs being given at 9:00.

20

A. Oh, sorry.

21

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Q. That is the aldactazide and the digoxin dose.

23

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A. Right.

Q. Right, both given orally, both



Bell
dr. ex. (Cronk)

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given by Ms. Nelles.

A. Right.

Q. And then at 11:00 we have another
drug being given, do we not?

A. Yes, ampicillan 350 milligrams.

Q. And how was that given?

A. I.V.

Q. And by whom?

A. By Susan Nelles.

Q. All right. And then we have another
drug later in the evening, do we not?

A. The gentamicin.

Q. All right. And when was that
given?

A. Ten milligrams I.V. was given at
1 by Susan Nelles.

Q. That is 1 a.m.?

A. Yes.

Q. All right.

THE COMMISSIONER: Wait a minute, that
can't be right.

MS. CRONK: I'm sorry, the gentamicin,
10 milligrams of gentamicin was given intravenously
at 1 in the morning by Susan Nelles.

A. That's right.



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19 Q. That is 1 in the morning on the
20th, isn't it?

MS. CRONK: I'm sorry, the date is also
the 21st, sir, if you look to the signature column on
the 21st.

THE COMMISSIONER: Oh, I see, I beg
your pardon. Yes, yes, I take it back.



G/EMT/ak

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Q. Do I have it then, Ms. Bell, correctly on the basis of this medication and treatment record that there were four medications recorded as having been given to the child: two at 9 o'clock by Susan Nelles, one at 11 o'clock by Susan Nelles, and one at 1:00 a.m. again recorded as having been given by Susan Nelles?

Q. That is correct.

A. May we deal with each of them first starting with the aldactazide.

Did you see Susan Nelles administer a dose of any medication at 9 o'clock at night to this child?

A. No, I didn't.

Q. Did you see anyone or particularly Susan Nelles administer a dose of any drug to this child at 11 o'clock at night?

A. Not by Susan, no.

Q. Well, did you see anyone administer medication at 11 o'clock at night to this child?

A. No, not at 11 o'clock, no.

Q. And ampicillin which is the drug which appears to have been given at 11 o'clock at night by Miss Nelles is or is not a drug that



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requires a second check?

A. It is not a drug that requires checking.

Q. All right. That can be inserted when it is given intravenously and this one appears to have been done directly above the buretrol - or into the buretrol or above the drip bulb by a registered nurse.

A. That is correct.

Q. And is that administered by a syringe and a needle?

A. Yes, it is.

Q. And then the fourth drug that is recorded as having been given is the 10 milligrams of gentamicin intravenously recorded as having been given at 1:00 a.m. by Susan Nelles.

A. That is correct.

Q. Did you see Susan Nelles or anyone else administering medication to this child at 1 o'clock in the morning?

A. Not at 1:00 in the morning, no.

Q. Is it possible that when you entered the room and saw Phyllis Trayner administering a medication using a syringe and a needle to Allana Miller that it was 1 o'clock in the morning and not



1
2 between 11:50 and 12:20?

3 A. It could have been. Like I
4 am not sure of the times. I know I went into the
5 room after I passed Susan in the hall. Whether
6 that was the time I saw Phyllis give that medication
7 I am not sure.

8 Q. When gentamicin is being given
9 is there any indication on a syringe as to its
10 contents being gentamicin?

11 A. Generally what we did was we
12 injected the medication into the buretrol and then
13 we affix a sticker to the buretrol that a medication
was running through.

14 Q. All right. And was there a
15 particular colour of sticker that was used for
16 gentamicin?

17 A. No. All our medication
18 tickets are a bright orange, reddish orange.

19 Q. Would there be any way to
20 distinguish then that gentamicin had been given as
opposed to ampicillin?

21 A. It would be written on the
22 sticker.

23 Q. And I think you told me you
24 saw no sticker on the buretrol when you saw
25



1
2 Mrs. Trayner giving the medication?

3 A. Not that I recall.

4 Q. At any time up until the
5 time when you saw Mrs. Trayner administering a
6 medication into the buretrol did you see anyone
7 else administer any medication or drugs to this
8 child?

9 A. No.

10 Q. Could we look to page 42 of
11 the medical record as well, please?

12 A. I have it.

13 Q. At page 42 appears the long
14 night nursing note apparently completed by Susan
15 Nelles with respect to this child?

16 A. Yes.

17 Q. I direct your attention to
18 the first part of the note described as applying to
19 from 7:00 p.m. to 3 o'clock in the morning.

20 I suggest and I would ask you to
21 read it and confirm this that there is no recording
22 there of any medication having been given to the
23 child?

24 A. That is correct.

25 Q. There is, however, an indication
that he was fed. Is that correct?



Bell, dr.ex.
(Cronk)

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G5

A. Yes. She was fed 50 cc's of
apple juice at 9:00.

Q. At 9:00 p.m.?

A. Yes.

Q. Would you turn as well to
page 35 of the medical record? This is the flow
sheet for Allana Miller.

A. Yes.

Q. Is the purpose of these
sheets, Ms. Bell, to record the vital sign readings
on the particular patient involved?

A. Yes.

Q. I would ask you to turn
if you would to page 36, starting at 11:00 p.m. at
night on March 20th.

I take it that the vital signs in
this child were measured at 11 o'clock; then at
11:45; then at midnight; then at 1:00 - is that
1:30?

A. Yes, it looks like 1:30.

Q. Then at 1:45; at 2:10 and at
3:27.

A. That is right.

Q. Is that correct?

A. Yes.



G6

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Q. Do you recognize any of the handwriting that appears beside the time entries? Can you help us if you can as to whose handwriting the entry, for example, at midnight is?

A. At midnight?

Q. 2400 hours.

A. It could be Phyllis' writing.

Q. Can you recognize the handwriting at 2345, 11:45 p.m.?

A. It could be mine, and it could be Phyllis' as well.

Q. And at 1:30 in the morning?

A. 1:30? That could be Phyllis'.

Q. It is very difficult to tell without a signature.

A. It is. Yes, it is.

Q. With any degree of certainty can you recognize any of these entries?

A. No.

Q. The only one that appears to be signed is that at 3:27 in the morning by Susan Nelles?

A. Yes.

Q. And do you recognize the handwriting immediately above that at 2:10 in the



1
2 morning?

3 A. Yes.

4 Q. Whose is that?

5 A. That is Susan's.

6 Q. And that reads that the child
7 vomited 40 cc's at 2:10 in the morning?

8 A. Yes, that is correct.

9 Q. But other than that you can't
10 assist us?

11 A. No.

12 THE COMMISSIONER: To go back to
13 the notes, what page was that at?

14 MS. CRONK: The nursing notes, sir?

15 THE COMMISSIONER: The nursing note,
16 yes.

17 MS. CRONK: I believe that was
18 page 38. Sorry, 42.

19 THE COMMISSIONER: What page again?

20 MS. CRONK: The nursing note, page
21 42.

22 THE COMMISSIONER: It is usual
23 in the nursing notes to put in administration of
24 a medication?

25 THE WITNESS: If they are routine
medications we wouldn't put them in the nursing notes,



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2

but if they --

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THE COMMISSIONER: But if they were
ordered you put them - obviously you would put them
in the medication and treatment record?

4

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6

THE WITNESS: We put them there.

7

THE COMMISSIONER: Yes, but would
you put them in your regular nursing notes?

8

9

THE WITNESS: No, not unless it was
a stat dose that was given.

10

THE COMMISSIONER: A which dose?

11

THE WITNESS: Stat dose.

12

THE COMMISSIONER: You mean for a
particular occasion?

13

14

THE WITNESS: Yes.

15

THE COMMISSIONER: Yes. All right.

16

MS. CRONK: Q. Do I have it
correctly, Ms. Bell, if a drug not otherwise
prescribed for the child was given on an emergency
or an urgent basis that would be recorded in the
nursing notes?

17

18

19

20

A.: Yes, it would.

21

Q. All right. Are there any
other situations where the giving of a particular
medication would be recorded in the nursing notes
that you can think of?

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G9

A. Occasionally if you were giving an analgesic for pain you could write it in the nursing notes and then just to say what effect the analgesic had.

Q. And in cases where on an urgent or as you have described it stat basis a drug or medication is given to a patient and it is recorded in the nursing notes, is it as well always recorded in the medication and treatment record?

A. It might be, but not necessarily.

Q. It is not required that it be duplicated in that way?

A. No.

Q. And as well in the nursing notes is it required that the nurses record the feedings in whatever form that have been given to a particular patient on that shift?

A. Not necessarily, no.

Q. Sometimes, however, they do?

A. They do, yes.

Q. And that could extend to formula being given to a child or as in the case of Allana Miller as we have seen apple juice?

A. Yes.

Q. And the time of the feeding?



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2

A. Yes.

3

Q. Ms. Bell, can you direct your

4

mind to the next time that you saw Allana Miller

5

after you had entered the room and seen Phyllis

6

Trayner administering a drug into the buretrol of

7

the child? Do you recall when you next saw her?

8

A. I don't recall the next time,

9

the exact time of it, but the next time I had gone

10

in Phyllis and Susan were in the room and one of

11

them was suctioning Allana Miller, and there was

12

concern about her condition at that point. Her heart

13

rate was irregular and she was bradycardic.

Q. Why did you go into the room?

14

A. I am not really sure. I don't

15

know if it was the alarm or just the number of

16

people going in there; I am not sure.

Q. You have told us that Susan

17

Nelles earlier in the evening had taken Justin Cook

18

to the echo lab.

A. Yes.

19

Q. And we have heard at least

20

what some of the evidence was at the preliminary

21

hearing in terms of the timing of that.

22

Do you know what Susan Nelles did

23

when she returned from the echo lab with Justin Cook?

24

25



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G11

A. I can't say, no.

3

Q. We know from the assignment

4

book that she was technically assigned to the

5

care of Allana Miller that evening.

6

A. Yes.

7

Q. But I take it that her

8

responsibility in that regard was transferred, at

9

least in part, to Justin Cook where she took care

10

of his being admitted.

10

A. Yes, that is right.

11

Q. She also took him personally

12

to the echo lab?

13

A. Yes.

14

Q. And was gone for some time

15

in that regard?

16

A. Yes.

17

Q. Was she still attending to

18

Justin Cook when she returned from the echo lab?

19

A. I believe she was for a short
time after.

20

Q. And Justin Cook was in a

21

different room, was he not, than Allana Miller?

22

A. Yes, he was.

23

Q. He was in Room 418?

24

A. That is correct.

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Q. Do you know whether or not she took Justin Cook directly from the echo lab into his room, 418, and remained with him there?

A. I did see her go back into the room. I don't know how long she remained with him.

Q. As I understand it it is your evidence that when you next saw Allana Miller both Phyllis Trayner and Susan Nelles were in the room.

A. Yes.

Q. Do I have that correctly?

A. That is right.

Q. It appears from the progress notes and the medical record again, page 42, Ms. Bell, that the child ran into difficulties at 1:45 in the morning, the apex was noted to be 54 and was very irregular; the child was stimulated and the apex came up to the 70's. The child then began to gag and vomit large amounts of very thick clear mucus. So that she appears to have gotten into difficulty at 1:45 in the morning.

Progress notes then record the arrival of Dr. Soulioti and the administration of medication by her at 2:40 in the morning.

A. Yes.



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Q. Could you describe for me please what exactly Allana Miller was doing when you entered the room and saw Phyllis Trayner and Susan Nelles?

A. She was in some distress. She sounded congested. I believe she had just vomited and they were suctioning her. One of them was listening to the heart rate.

Q. Was Dr. Soulioti in the room?

A. She wasn't in there at that time, no.

Q. Was there anyone in the room other than Phyllis Trayner and Susan Nelles?

A. No, not at that time.

Q. Was it your understanding that the child had vomited before you came into the room?

A. Yes.

Q. Would it be fair of me then to suggest that you entered that child's room some time after 1:45 in the morning and before 2:40?

A. Yes.

Q. It has been suggested in evidence at the preliminary hearing, Ms. Bell, again by Phyllis Trayner - this evidence is found, sir, again in Volume 5 at page 1186 to 1188, and in



G14

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Volume 4 at page 717. Perhaps in fairness I will read it to you, Ms. Bell.

MS. KITELY: If my friend is going to read a longer portion, and quite frankly I think the last one was a little bit longer than I had expected, could she be shown the volume?

MS. CRONK: If I have it I will be glad to do that.

THE COMMISSIONER: Yes. Well, I haven't got it, Ms. Kitely, and if I find any difficulty with it I will certainly know enough to --

MS. KITELY: But you are not going to be asked a question, sir. The witness is.

THE COMMISSIONER: No, but I have to understand the question before I can --

MS. CRONK: I have it, sir.

THE COMMISSIONER: You have got it. The problem is solved. Now the only thing that will happen is I won't understand the question and we will have to have another copy.

MS. CRONK: Q. Page 1186, Ms. Bell.

A. Yes, I have it.

Q. Starting with --

MR. YOUNG: Excuse me, Ms. Cronk, what volume is that?



1

2

MS. CRONK: Volume 5.

3

Q. Starting the fifth line down

4

the question is:

5

"Q. Did you take her apex at

6

1:45 in the morning?"

7

That is a question directed to Mrs. Trayner.

8

"A. Yes, I did.

9

Q. Susan Nelles is still occupied
with Justin Cook over in 418; is that
right?

10

11

A. That is correct, yes.

12

Q. We have heard that 423 where
Allana Miller was was a single bedded
room, she was the only child in that
room.

13

14

15

A. That is correct.

16

17

Q. Fair enough. 2 o'clock in the
morning Allana Miller's alarm went
off again; is that right?

18

19

A. Yes.

20

Q. And is that the time when
Bertha Bell came into the room with
you and Miller was starting to vomit?

21

22

A. Yes, she was.

23

Q. And you sat Allana Miller up

24

25

G15



1
2
3 "and gave her some oxygen?

4 A. Yes.

5 Q. And then did Mrs. Bell, Bertha
6 Bell, leave to get some sort of suc-
7 tion catheter of some sort?

8 A. We were going to suction her
9 but there was no catheter so Bertha
10 had left to get a suction catheter.

11 Q. All right. And when she left
12 who was left with Allana Miller in
13 Room 423?

14 A. I was.

15 Q. You were? And how long was
16 Bertha Bell gone?

17 A. Only seconds.

18 Q. All right. And then did you
19 flush the intravenous tubing for
20 Allana Miller again in relation to
21 the gentamicin that you had given her?

22 A. It was either myself or Bertha
23 Bell, I can't remember."

24 Can we stop there for a moment,
25 Ms. Bell? It is apparent from Mrs. Trayner's
recollection of events and the evidence that she
gave at the preliminary hearing that she testified



G17

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that at 2 o'clock in the morning both yourself and she were in the room and that Susan Nelles was still with Justin Cook in Room 418.

She testified further that you left the room to go and get a suction catheter in order that the child Allana Miller could be suctioned.

Does that accord, now that you have had the benefit of refreshing your memory from the evidence, with your recollection of events?

A. I don't recall that instance. I do recall the instance of going into the room and Phyllis and Susan being in there with her and one of them was suctioning her and one of them was doing her vital signs.

Q. Do you recall being in Allana Miller's room at all at 2 o'clock in the morning?

A. I can't place a time on it, no.

Q. Do you recall - may we back up? - You have told us in the earlier episode when you went in the room and Phyllis Trayner was administering a medication --

A. Right.

Q. -- do you recall again being in Allana Miller's room alone with Phyllis Trayner



Bell, dr.ex.
(Cronk)

1

2

3

any time before that child died?

4

A. I could have been but I don't recall.

5

6

Q. Do you recall going to get a suction catheter in order to permit the child to be suctioned?

7

8

A. No.

9

10

Q. Do you recall participating in the suctioning of the child at all?

11

A. I don't.

12

Q. Is it possible that you did?

13

A. I could have.

14

Q. I'm sorry, you don't remember going to get a suction --

15

THE COMMISSIONER: What is it called, a suction?

16

THE WITNESS: Catheter.

17

18

THE COMMISSIONER: Catheter. And the last question?

19

20

MS. CRONK: Q. Is it possible that you did and I thought your answer was yes.

21

A. I could have.

22

Q. Yes.

23

A. Yes.

24

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Q. And do you recall, as has
been suggested by Mrs. Trayner, whether or not
Susan Nelles at two in the morning was still in
Room 418 with Justin Cook?

A. She could have been.

Q. But you don't recall one way
or another?

A. No, I don't.

THE COMMISSIONER: Yes. Two o'clock.
You do recall, correct me if I am wrong, the next
time you saw the child both Phyllis Trayner and
Susan Nelles were there?

THE WITNESS: Yes.

THE COMMISSIONER: Do you know what
time it was?

THE WITNESS: No, I don't.

THE COMMISSIONER: If we assume that
the first time was the time when Susan Nelles was
going down to take Justin Cook this catheter that
time was 11:50, it was sometime after that?

THE WITNESS: Yes.

MS. CRONK: Well, sir, perhaps if we
could try it another way.

THE COMMISSIONER: All right.

MS. CRONK: Ms. Bell has told us



Bell
dr.ex. (Cronk)

1
H2 2 although she does not recall being in the room alone
3 with Phyllis Trayner and participating in the
4 suctioning of this child, it is possible it could
5 have happened.
6 Q. Do I have that correctly?
7 A. It could have, yes.
8 Q. You do however have a speci-
9 fic recollection that at some time after 11:50 at
10 night being in the child's room when Phyllis Trayner
11 and Susan Nelles were there?
12 A. Yes.
13 Q. And you thought that the child
14 had vomited?
15 A. Yes.
16 Q. And they were about to
17 suction the child?
18 A. Yes.
19 Q. And Dr. Soulioti was not
20 there?
21 A. No.
22 Q. And if we look to the
23 progress notes at page 42 of the medical chart, do
24 we see there the first time there is any indication
25 that the child began to gag and vomit occurs some time
after 1:45 a.m., or at 1:45 a.m.; is that correct?



1

H3 2

A. Yes, that is right.

3

Q. And immediately thereafter

4

there is an indication that Dr. Soulioti came to

5

examine the child and administered Lasix at 2:40 in

6

the morning.

7

A. That is right.

8

Q. And I suggest to you then that

9

if you entered the room when Phyllis Trayner and

10

Susan Nelles were there and the child had already

11

vomited and Dr. Soulioti had not arrived, that you

12

entered the room and saw them there some time at or

after 1:45 in the morning.

13

A. That's right.

14

Q. I take it in your own mind

however you cannot be certain of the time?

15

A. No, I can't.

16

Q. When you did enter the room

17

was it shortly thereafter that Dr. Soulioti arrived?

18

A. Yes.

19

Q. How did that happen?

20

A. I called Dr. Soulioti.

21

Q. Were you asked to do that?

22

A. Yes.

23

Q. Did you call her from the

room or did you leave the room?

24

25



1

H4 2

A. I left the room.

3

Q. And what did you do?

4

A. I think she was on the floor,
on the ward. I believe she was in Justin Cook's
room, and I just informed her that Allana's condition
had changed and could she check on Allana.

7

Q. That suggests, does it not,
that at the time you were in the room with Phyllis
Trayner and Susan Nelles was, as I had suggested,
between 1:45 and 2:40 in the morning?

11

A. That's right.

12

Q. There was also a suggestion
in the portion of Phyllis Trayner's evidence that I
read to you that Phyllis Trayner had administered
the dose of gentamicin to the child that had been
given at 1:30 in the morning. Do you know whether or
not in fact that is what happened?

17

A. I saw her give a medication.
Whether it was gentamicin or the ampicillin I can't
be sure. I didn't see.

19

20

Q. Do you recall however that on
the medication and treatment record in the medical
chart Susan Nelles' name appears beside that dose?

21

22

A. That is right.

23

Q. Was it possible on those wards

24

25



Bell
dr.ex. (Cronk)

H5 1
2 when in circumstances where a particular nurse was
3 very busy with another patient that another Registered
4 Nurse or the team leader could administer her medi-
5 cation for her?
6 A. Yes.
7 Q. In that case who was required
8 to sign the medication treatment record?
9 A. The nurse who gave it.
10 Q. Not the nurse who had originally
11 been assigned to do it?
12 A. No.
13 Q. Are you aware of any situation
14 when although the nurse who administered the drug was
15 not the nurse who was originally intended to do it,
16 the nurse who was originally intended to give the
17 drug signed the medication record although she hadn't
18 given it?
19 A. Yes.
20 Q. That did happen?
21 A. Yes, it did.
22 Q. It could have happened here?
23 A. Yes.
24 Q. You have told me that you
25 left Allana Miller's room and went to Room 418 where
Dr. Soulioti was and asked her to come with you back



Bell
dr.ex . (Cronk)

H6

1

2

into Allana Miller's room.

3

A. Right.

4

Q. Did you accompany Dr. Soulioti
back into Allana Miller's room?

5

A. Yes, I did.

6

7

Q. Did you take anything with
you on the way?

8

A. No, I don't believe I did.

9

10

11

12

Q. When you entered the room and
saw Phyllis Trayner and Susan Nelles there and you
think they were suctioning the baby, was the crash
cart from 4A or 4B in the child's room?

13

A. No, it was not.

14

Q. Was it subsequently brought
into the room?

15

A. Yes, it was.

16

Q. Who did that?

17

A. I did.

18

Q. When?

19

20

21

A. I had just gone on my way back
to 4B and Dr. Soulioti yelled out "25" and I was
right beside the cart so I brought it back in the
room.

22

23

24

25

Q. So that I understand then,
when you originally went to Room 418 and told



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H7

2

Dr. Soulioti of Allana Miller's condition, did you
go back into the child's room with her?

3

4

A. Just for a moment and then
I left.

5

6

Q. And were you then returning
to your own patients on 4B?

7

8

A. Yes.

9

10

Q. Did you reach your own
patients before Dr. Soulioti came to the door?

11

12

A. No, I didn't.

13

14

Q. What did she call out?

15

16

A. I believe she called out "25"
but I can't be sure.

17

18

Q. Was it at that point that
you brought the crash cart with you into the room?

19

20

A. Yes, it is.

21

22

Q. Were you there for the
remainder of the child's arrest and resuscitation
procedures that were undertaken?

23

24

A. Yes, I was.

25

Q. The progress notes you have
already looked at, Ms. Bell, indicate that at 2:40
in the morning Dr. Soulioti administered 6 mg. of
Lasix by IV push to this child.

26

A. Yes.

27

28



H8

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Q. At any time when you were in the room did you see Dr. Soulioti administer Lasix to this child?

A. I don't recall her, no, doing it.

Q. Do you recall seeing Dr. Soulioti administer medications later during the course of the resuscitation efforts?

A. I don't know if she did or not. I don't recall.

Q. You have no recollection of her administering medications one way or the other?

A. No, I don't.

Q. And I take it as you have told us you were not with Dr. Soulioti in the patient's room when she first entered the child's room?

A. Just for a few moments and then I left.

Q. And you then returned when she called out the Code 25?

A. Yes.

Q. In your presence in the patient's room did -- I'm sorry, sir, I just noticed the time. Could we take our break now?



H9

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2

THE COMMISSIONER: Yes. All right.

3

20 minutes.

4

--- recess.

5

--- on resuming.

6

THE COMMISSIONER: Yes, Miss Cronk.

7

MS. CRONK: Thank you, sir.

8

Q. Ms. Bell --

9

A. Yes.

10

Q. -- when you were in Allana

11

Miller's room and saw Phyllis Trayner administering

12

a medication into the child's buretrol, did you

13

notice the timing at which the buretrol had been

set, the IV had been set?

14

A. No, I didn't.

15

Q. Do you know how fast or how

slow it had been set for the medication in it?

16

A. No, I don't.

17

Q. You have told us here that

18

as best you can now recall it you went into that

19

room and saw those events shortly after you had

20

seen Susan Nelles on her way to the Echo Lab with

Justin Cook.

21

A. That's right.

22

Q. But you personally do not

23

have a recollection of what time that was?

24

25



1

H10

2

A. No, no.

3

Q. Do you recall attending a

4

meeting with Commission Counsel and others to review

5

your evidence for these hearings? The meeting was

6

held on January 31, 1984.

7

A. Yes.

8

Q. Do you remember who was at
that meeting?

9

A. You were.

10

Q. Was there anyone else?

11

A. And Beth Symes.

12

Q. Anyone else?

13

A. Mary Thomson.

14

Q. Was Anita Fineberg there?

15

A. Yes, she was there.

16

Q. And do you recall discussing
this matter at that meeting on January 31st?

17

A. Yes, we did.

18

Q. Do you recall being asked

19

what time it was that you saw Phyllis Trayner in-
serting a needle and syringe into the buretrol of
Allana Miller?

21

A. I could have, yes.

22

Q. I suggest to you that at that

23

time you indicated that you had seen that happen at

24

25



1
H11 2 12 Midnight on the 20th of March. Does that help
3 you refresh your memory?

4 A. Yes.

5 Q. Do you recall saying that?

6 A. Yes.

7 Q. In your own mind today can
8 you fix the time at which you saw Phyllis Trayner
9 administering that medication into the buretrol?

10 A. It seemed like it was twelve
11 o'clock but I can't be sure.

12 Q. And in your own mind today
13 as well it was close to the time when you saw Susan
14 Nelles leaving to take Justin Cook to the Echo Lab?

15 A. It seemed to be, yes.

16 THE COMMISSIONER: I thought you said
17 it was at the time, is that not right?

18 THE WITNESS: Shortly after.

19 THE COMMISSIONER: I had the impression
20 it was immediately after.

21 THE WITNESS: Well, a few minutes,
22 as I am passing through, the time it takes me to
23 get down there.

24 THE COMMISSIONER: Well, you were on
25 your way to the room?

THE WITNESS: Yes.



1
H12 2 THE COMMISSIONER: When you saw her
3 taking the baby? It would have been, I would have
4 thought, seconds rather than minutes. How long does
5 it take?
6 THE WITNESS: Oh, about a minute then.
7 THE COMMISSIONER: All right.
8 MS. CRONK: Q. Well, where were you
9 going when you saw Susan Nelles on the way to the
10 Echo Lab?
11 A. I was on my way down to the
12 room.
13 Q. To Allana Miller's room?
14 A. Yes.
15 Q. Did Susan Nelles have Justin
16 Cook in her arms at the time?
17 A. She was pushing the bed.
18 Q. Was she alone?
19 A. Yes, she was.
20 Q. How do you know she was on
21 her way to the Echo Lab?
22 A. She was headed in that direc-
23 tion.
24 Q. Where is the Echo Lab?
25 A. You have to go through 4B to
get to the Echo Lab.



H13

1

2

Q. Is it on the 4th floor?

3

A. Yes, it is.

4

Q. In terms of the diagram can
you help us as to where the Echo Lab is?

5

6

A. It would be past the 4B
corridor through that stairwell through the door.

7

8

Q. You are pointing to the
corridor heading east?

9

A. Yes.

10

Q. By the third stair?

11

A. Yes.

12

Q. And you have to go through
the doors at the end of the corridor?

13

A. Yes, you do.

14

15

Q. When you saw Susan Nelles,
where was she?

16

17

A. She was passing in front of
the nursing station.

18

19

Q. On the way down the corridor
to 4B?

20

A. Yes.

21

Q. Justin Cook was a 4A patient,
was he not?

22

A. Yes.

23

Q. And he was in Room 418?

24

25



1

H14 2

A. That is right.

3

Q. Would there be any other

4

reason for Susan Nelles to have Justin Cook in his
crib on 4B as opposed to 4A?

5

A. No.

6

THE COMMISSIONER: Did she have the

7

baby in her arms or what? How --

8

THE WITNESS: I believe she had him

9

in the crib, in the cot.

10

THE COMMISSIONER: In a cot? Some-

11

thing you push --

12

THE WITNESS: Yes.

13

THE COMMISSIONER: -- up and down?

14

THE WITNESS: Yes.

15

THE COMMISSIONER: Do you not

16

remember which it was?

17

THE WITNESS: It was the bed, the

18

baby's bed, the cot.

19

MS. CRONK: Q. You have told us as

20

well, Ms. Bell, that later that morning when you

21

entered the room and Dr. Soulioti was there, you

22

did so because you heard Dr. Soulioti calling out

23

the code; is that correct?

24

A. Right.

25

Q. Was it a Code 23 or a Code 25?



H15

1

2

A. It was a Code 25.

3

Q. When you entered the room

4

you have told us that you did not see Dr. Soulioti

5

at that time administering any medications to the

6

child, do I have that correctly?

7

A. I didn't see her, no.

8

Q. In your presence, while you

9

were in Allana Miller's room, did Dr. Soulioti make

10

any reference to the administration of Lasix to that

child?

11

A. She had made reference to the

12

Lasix that she had given I believe when Dr. Schaffer

13

had entered the room.

14

Q. When did Dr. Schaffer arrive

in the room?

15

A. Just a short time after the

16

code was called.

17

Q. Were you there before he was?

18

A. Yes, I was.

19

Q. And when Dr. Schaffer entered

20

the room what discussion took place between Dr.

Soulioti and you?

21

A. They had discussed the events

22

prior to the arrest and that the Lasix was given;

23

they had discussed that the monitor, the cardiac

24

25



H16 1
2 alarm had gone off and that the child had vomited;
3 just all the proceedings, all the happenings.

4 Q. Did Dr. Soulioti indicate
5 to Dr. Schaffer at that time that she had given
6 Lasix to the child?

7 A. Yes, I believe she did.

8 Q. Did she say how much?

9 A. She could have but I don't
10 recall the amount.

11 Q. Did she describe any reaction
12 that the child did or did not have to that dose of
13 Lasix?

14 A. I don't think there was
15 enough time for the Lasix to have worked.

16 Q. Did she say so or was that
17 your impression?

18 A. I believe she said that.

19 Q. Did anyone in the room
20 suggest, while you were there, that the medication
21 she had given was anything other than Lasix?

22 A. No. They just discussed the
23 Lasix.

24 Q. Is Lasix normally kept on the
25 crash carts on Wards 4A and 4B?

A. I believe we have Lasix on the



1
H17 2 crash carts, yes.

3 Q. You have told us however that
4 when you went back into the room, having heard
5 Dr. Soulioti call out the Code 25, you brought the
6 crash cart into the room.

7 A. That is right.

8 Q. Before you went back into
9 the room with the crash cart, did you see any
10 Registered Nurse or any Registered Nursing Assistant
11 leave Allana Miller's room heading for the medica-
tion room on either Ward 4A or 4B?

12 A. I didn't see anybody, no.

13 Q. Do you know where the Lasix
14 was obtained that Dr. Soulioti administered to the
child?

15 A. I am not sure, no.

16 Q. Did you see any physician
17 heading for the medication room on either ward?

18 A. No.

19 Q. From where you were, you have
20 told us you were walking back to 4B.

21 A. That's right.

22 Q. Would you have seen anyone
going into the medication room on 4B?

23 A. Yes.

24

25



H18

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Q. Would you have seen anyone
going into the medication room on 4A?

A. Yes.

Q. Do you recall one way or the
other whether you did?

A. No.

Q. Is it possible that someone
did enter the medication room?

A. They could have, yes.

Q. You have told us as well
that you remained in the room, that is Allana
Miller's room, until she had been pronounced dead.

A. Yes.

Q. And the resuscitation effort
I take it was commenced as soon as Dr. Soulioti
called out hte Code 25?

A. Yes, it was.

Q. We know from the progress
notes that the child was pronounced dead at approxi-
mately 3:00 a.m. in the morning. Can you help us
as to what happened after the child had been
pronounced dead? What did you do?

A. I believe we started to
clean up the room itself.

Q. And did you assist in that?



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Bell
dr.ex. (Cronk)

2387

1
H19 2 A. Yes.
3 Q. Who else was doing it?
4 A. Phyllis and Susan.
5 Q. Susan Nelles?
6 A. Yes.
7 Q. Anyone else?
8
9
10
11
12
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A . I believe we started to restock
the crash cart as well.

Q. And who was doing that?

A. I was.

Q. Was there any other activity in
the room?

A. There was some discussion.

Q. Well, who was in the room other
than Phyllis Trayner, Susan Nelles and yourself?

A. Well, right after they pronounced
Allana dead Dr. Schaffer and Dr. Soulioti were still
in the room for a few minutes.

Q. And who was involved in the dis-
cussion that took place?

A. Well, Dr. Schaffer and Dr.
Soulioti.

Q. I am sorry, anyone else?

A. Phyllis and Susan.

Q. And yourself?

A. And myself.

Q. What was the nature of the dis-
cussion?

A. Just on that proceeding, events
that night.

Q. Was it your impression that Dr.



1

2

2

Soulioti and Dr. Schaffer understood why the child had died when she did?

3

4

A. I don't think they did, no.

5

6

Q. Was there in your presence expressed by anyone any degree of shock or surprise that the child had died in the way that she had?

7

8

A. There was concern in that she had died. Dr. Soulioti felt that perhaps she should have done something earlier or had been more concerned about her congestion and her signs earlier.

10

11

12

13

14

Q. Was there any suggestion by anyone while you were in the room or indeed after you left the room and before you left duty that morning that digoxin may have been involved in the death of that child?

15

16

A. I believe the digoxin was on hold for Allana Miller.

17

18

Q. Was there any discussion that digoxin might have been involved?

19

20

A. That digoxin could have contributed in some way but not that it was the cause. Like, they couldn't say for sure.

21

22

Q. Do you remember who suggested that it may have contributed?

23

24

25

A. I believe Dr. Schaffer.



1

3

2

Q. Was that in Dr. Soulioti's

3

presence?

4

A. Yes.

5

Q. Was there any discussion about

6

the other medications that the child had received that
night?

7

A. Just about the Lasix.

8

Q. What was the nature of the dis-

9

cussion about the Lasix?

10

A. Well, that perhaps it should have

11

been given earlier.

12

Q. Was there any suggestion during

13

that discussion that it was not in fact Lasix that had
been given?

14

A. That it wasn't Lasix that had

15

been given?

16

Q. Yes.

17

A. No.

18

Q. You will recall that a dose of

19

digoxin was administered to this child at 9 p.m. on
March 20th by Susan Nelles.

20

A. Right.

21

Q. And you said that you thought

22

digoxin was on hold. Was it from after that time or

23

before that time that you thought it was on hold?

24

25



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A. It could have been from before that time.

Q. Was there any suggestion by any of the physicians present that samples should be taken to test Allana Miller's digoxin level?

A. There could be an indication there for it because she had vomitted.

Q. I'm sorry, my question was, was there a suggestion by any of the physicians who were there that samples should be taken so that her digoxin level could be tested?

A. I'm not sure.

Q. You don't recall one way or the other?

A. No, I don't recall.

Q. When did you first learn of the digoxin level that in fact was recorded on Allana Miller after her death?

A. Not until after Susan's arrest.

Q. Were you told at that time by the police?

A. I believe I was, yes.

Q. Was there any discussion amongst any of the individuals who were in the room after Allana had been pronounced dead as to whether or not



1

2

the death should be reported to the coroner?

3

A. Not that I am aware of, no.

4

Q. Was it suggested by anyone in
your presence?

5

A. No.

6

7

Q. You have told us that earlier
in the evening at approximately -- well, perhaps you
can refresh my memory. What time approximately during
the evening was it that Justin Cook was admitted to
4A?

10

11

A. I believe it was around 11 p.m.

12

Q. What did you understand his
condition to be when he was admitted that night?

13

A. He was serious.

14

15

Q. And indeed constant nursing care
was ordered for that child for that night, is that
correct?

16

17

A. I'm not sure.

18

Q. He was considered gravely ill on
the 20th?

19

20

A. I think so, yes.

21

Q. As I understand it, in addition
to working that night shift on the Friday night you
also worked the long night shift on March 21st, the
Saturday night, is that correct?

22

23

24

25



1

2

A. Yes, that's right.

3

4

Q. Could I ask you to turn to Exhibit 32A, I think it is still beside you. Could you turn first please to Tab 18.

5

6

A. I have it.

7

8

9

Q. Which is the assignment book for Ward 4B, at page 10 to 11. Can you tell us please which nurses were on duty on the long night shift on Saturday, March 21st, on Ward 4B?

10

11

12

13

14

A. I was in charge and had one patient; Susan Reaper was there and she had six patients; Sheila Whittingham was there and she had three patients and Yvonne Lyon was there and she had four patients.

15

16

Q. Could you turn now to Tab 13, please, which is the assignment book for Ward 4A, at page 178 and 179.

17

18

19

A. I have it.

Q. Who were the nurses on duty on the long night shift that Saturday night on Ward 4A?

20

21

22

A. Mrs. Trayner was in charge with one patient in 426, Susan Nelles was constant care with Justin Cook, Mrs. Christie had six patients and Mrs. Brownless had four patients.

23

24

25

Q. And Justin Cook at that time was



1
2 in room 418?

3 A. Yes, he was.

4 Q. And in the constant care of
5 Susan Nelles?

6 A. That is correct.

7 Q. But as well Ms. Brownless had
8 four patients in the same room, Room 418, is that
9 correct?

10 A. That's right.

11 Q. When you reported for duty that
12 night, the Saturday night, what did you understand
13 Justin Cook's condition to be at that time?

14 A. That he was unstable.

15 Q. Were you aware of the fact that
16 earlier in the evening at approximately 6:00 he had
17 suffered a tet. or a blue spell?

18 A. I was made aware of that after
19 report, yes.

20 Q. That would be after the report
21 at the beginning of the shift?

22 A. Yes, from 4B, yes.

23 Q. Did you know that a Code 23 in
24 fact had been called on him earlier in the evening?

25 A. Yes.

Q. Because of that blue spell?



1

8

2

A. Yes.

3

4

Q. Who told you that Justin Cook
had suffered a blue spell at 6:00 that night?

5

A. Phyllis Trayner.

6

Q. Phyllis Trayner was working the
night shift that night?

7

A. Right.

8

9

Q. When did you first see Justin
Cook that night?

10

11

A. I am not sure, I believe it was
after 9:00. I can't pinpoint a time now.

12

Q. Before midnight?

13

A. Yes, it was.

14

Q. And what makes you think it was
after 9:00?

15

16

A. Once again, after I had done the
rounds on 4B and had done my own patient care I had
gone in to see how Justin Cook was doing.

18

19

Q. All right. Who was in the room
when you went in the room?

20

A. Susan was.

21

Q. Was Mrs. Brownless there?

22

A. She could have been but I'm not
sure.

23

24

25

Q. What was the child's condition



1

2

when you were in the room?

3

A. He had settled, he was still
cyanosed but he was reasonably stable.

4

5

Q. How long were you in the room?

6

A. A few minutes.

7

8

Q. Did anyone else enter the room
while you were still there?

9

A. I am not sure if Phyllis came in
or out at that time, I don't know.

10

Q. Is it possible she did?

11

A. She could have, yes.

12

Q. But you don't recall?

13

A. No.

14

Q. While you were in the room at
that time, did you notice a syringe or an ampule of
any kind taped to Justin Cook's bedside?

15

16

A. No, I didn't.

17

Q. Who relieved Susan Nelles for
her first coffee break that night, do you know?

18

19

A. I can't say for sure.

20

~~Q.~~ All right. Well, you will
recall that on duty on Ward 4A that night, apart from
Susan Nelles, amongst the 4A nurses the only other
registered nurse was Phyllis Trayner.

21

22

23

A. It would be Phyllis Trayner then.

24

25



1

10

2

3

4

Q. Does that follow from the fact that a registered nurse had to relieve another constant nursing care nurse?

5

A. It would make sense, yes.

6

Q. Was that the normal procedure?

7

A. Yes.

8

Q. Do you know when Susan Nelles took her first coffee break that night?

9

A. I'm not sure.

10

11

Q. Do you know whether she took it before midnight?

12

A. I don't know.

13

14

Q. Do you remember yourself having coffee with her at the nursing station at any point before midnight?

15

16

A. I know we had a break some time that night for a few minutes. She hadn't stayed very long but I can't say if it was a coffee break or just part of her lunch break.

17

18

19

Q. Do you recall whether that was before midnight or after midnight?

20

21

A. No, I don't.

22

Q. When did you see Justin Cook again after that first time when you had gone in to see his condition?

23

24

25



1

11

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24

25

A. I had gone in and out of the room a few times, I am not sure of the times.

Q. Was that before midnight?

A. It could have been before midnight and as well afterwards.

Q. Well, were you in fact in and out of his room several times before midnight, as best as you can now recall it?

A. I think so.

Q. All right. And who was there when you were going in and out of the child's room?

A. Susan.

Q. Was there anyone there other than Susan Nelles?

A. Janet could have been there as well.

Q. Do you recall seeing Phyllis Trayner in the room during those occasions?

A. Not directly at the bedside, no.

THE COMMISSIONER: I'm sorry, what?

THE WITNESS: Not directly at Justin's bedside, no.

MS. CRONK: Q. Was she in the room at all?

A. She could have been in and out;



1

12

2

she did come in and out a few times.

3

4

5

Q. Do you specifically recall that she was in the room on any occasion before midnight or is it just a possibility?

6

7

A. I recall that she was in the room but I can't place a time on it.

8

9

Q. All right. What was his condition the various times when you were in and out of the room?

10

11

12

A. He was reasonably well settled, so, I guess you could say his condition was severe but he was stable for that time.

13

14

15

Q. During any of the times that you were in his room before midnight, did you go into the room to find that Susan Nelles was not there?

16

A. No, she was in there each time I went in.

17

18

19

20

Q. During any of the times that you went into his room before midnight did you observe any medication or drug of any kind being given to Justin Cook?

21

22

A. No, I didn't see her give him any medication, no.

23

24

25

Q. You have told us that the first time you went into his room it was some time after



1

13

2

9:00 you did not notice a syringe or an ampule or a drug of any kind taped to the end of his bed. Do I have that correctly?

4

5

A. That's correct.

6

Q. On any of the other occasions when you were in his room before midnight, did you notice anything taped to the end of his bed?

7

8

A. No, I didn't.

9

Q. Or the side of his bed?

10

A. No.

11

Q. Would that be in your mind something unusual that if you had seen a syringe and an ampule or a drug of any kind taped to his bed?

12

13

A. Yes.

14

Q. When did you next see the child after midnight?

15

16

A. I could have been in there after midnight, again, the same kind of situation just in and out but the next time I do recall is when Susan was in the room and I was at the nursing station and Susan called up for Phyllis and Phyllis went in the room and then I followed after her.

17

18

19

20

21

Q. Was that at the time that Justin Cook was going into arrest?

22

23

A. Just prior to that, yes.

24

25



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Q. All right. Well, let's talk about that in terms of the time frame then. We know from the progress notes that the child appears to have experienced difficulties at about 3:40 in the morning.

A. Yes.

Q. At any time prior to that starting at midnight were you in Justin Cook's room between midnight and 3:40 in the morning as best as you can now recall it?

A. I can't place a time, I could have been.

Q. At any point after the death of Justin Cook, Ms. Bell, did you prepare notes as to your recollection of the events that night?

A. I did.

Q. When did you prepare them?

A. After I talked to the police.

Q. All right. Do you recall when that was, when you prepared the notes?

A. It was the Thursday.

Q. Was it in March of '81?

A. Yes, it was, March 26th.

Q. Why did you prepare the notes?

A. Just out of anxiety talking to the police and then wanting to keep it fresh in my



15

1

2

mind.

3

4

Q. Did anyone suggest to you that
you should?

5

6

A. I believe it was suggested at
this meeting at Liz's house.

7

Q. That is the meeting on Monday,
March 23rd?

8

9

10

A. Yes.

Q. Well, we will come to that in due
course.

11

12

13

14

A. Okay.

Q. I am showing to you two pages of
handwritten notes which appear to concern Justin Cook.
Are these your notes concerning that child?

15

16

17

A. Yes, they are.

MS. CRONK: Can that be marked, sir?

THE COMMISSIONER: Yes. What number are
we at?

18

19

THE REGISTRAR: 345.

---EXHIBIT NO. 345: Notes made by Bertha Bell.

20

21

22

23

24

25

MS. CRONK: Q. Ms. Bell, at any time
for the purposes of recalling events or refreshing
your mind or for any other purpose did you make any
handwritten notes concerning any of the other children



1

16

2

who died on Wards 4A/B?

3

A. No, I didn't.

4

Q. These are the only notes you made of any of the events that took place over this nine month period?

6

A. That's right.

7

8

Q. I would ask you to refer to the first page of your notes, if you would, please.

9

A. Yes.

10

11

Q. About two-thirds of the way down the page.

12

A. Yes.

13

Q. There is an indication of lunch.

14

A. Yes.

15

Q. At 2 a.m. Do you see that?

16

A. Yes, I do.

17

Q. And beside that an arrow with the words, "Watched T.V. for about half an hour."

18

A. Right.

19

Q. Do you see that?

20

A. Yes.

21

Q. And then a dash, "-went to see Sue and Babe to talk." Do you see that?

22

A. Yes.

23

Q. Do I correctly take from that that

24

25



1

17

2

that refers to your going to see Susan Nelles and
Justin Cook in Room 418?

3

4

A. Yes.

5

6

Q. Do you recall whether that was
before or after you had watched T.V. for about a half
an hour?

7

8

A. I'm sorry, what was before, the
lunch?

9

10

11

Q. That you went to see Susan Nelles
and Justin Cook, was it before or after you had had
your lunch and watched T.V. for about a half an hour?

12

13

A. I think it was at the time, I
don't know, I can't say.

14

15

Q. At the time that you were watching
T.V.?

16

17

A. I believe it was 2:00.

Q. That you went to see Susan
Nelles?

18

19

A. Yes.

20

Q. And at that time who was
in the room other than Susan Nelles?

21

22

A. Just Susan. I think that
Janet Brownless could have been there but I can't be
sure.

23

24

25

Q. Was there a T.V. in Room 418?



1

2

A. Yes, there was.

3

Q. Is that where he watched T.V. for

4

about half an hour?

5

A. Yes.

6

THE COMMISSIONER: 418, is that the

7

room that the child was in?

8

MS. CRONK: Yes, sir.

9

MS. CRONK: Q. Do you recall, was

10

anyone else watching the T.V. when you entered the
room?

11

A. Susan was watching it off and

12

on, I guess.

13

Q. Is it possible that Ms. Brownless

14

was as well?

15

A. Yes.

16

Q. To the best of your recollection,

17

did you remain and watch T.V. for about a half an
hour?

18

A. Yes.

19

Q. Did you then leave the room?

20

A. Yes.

21

Q. During the course of that half

22

hour which I take it started at about 2 in the morning

23

as best as you can recall it?

24

25



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2406

1

2

A. Yes.

3

Q. Did anyone else come into the room

4

while you were there?

5

A. Phyllis could have come in and

6

out, she was constantly checking the child.

7

8

9

10

11

12

13

14

15

16

17

18

19

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21

22

23

24

25



J/EMT/ak

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25

Q. Do you recall one way or another whether she did during that half hour?

A. I can't recall now.

Q. What was Justin Cook's condition when you left that room at 2:30?

A. Again he was stable.

Q. Was he in oxygen at that time, or do you remember?

A. I don't remember.

Q. Was Justin Cook on intravenous?

A. I believe he was, but I can't be sure.

Q. Do you recall during the half hour when you were in the room with Susan Nelles and Justin Cook seeing the child being fed?

A. At one point I did see him being fed, yes.

Q. Was it during that half hour?

A. I am not sure.

Q. Did you see any medications or drugs of any kind being given to the child during that half hour?

A. I am not sure.

Q. Is it possible?

A. It is possible, yes.



1

2

3

4

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16

17

18

19

20

21

22

23

24

25

Q. Do you recall seeing Susan Nelles or anyone else in the room administering a medication during that half hour?

A. No. Susan was with Justin so --

Q. Sorry, I'm talking about Justin Cook.

A. I know. Well, Susan was the one that was with him so I wouldn't have seen anyone else going and giving him medication.

Q. Do you recall seeing Susan Nelles administering medication to Justin Cook during that half hour?

A. Not that I recall. Not at that time.

MS. CRONK: Mr. Registrar, could you show Bertha Bell if you would, please, Justin Cook's medical chart?

THE WITNESS: I have it.

MS. CRONK: Q. Exhibit 116. Do you have that?

A. Yes.

Q. Would you turn to page 29 if you would, please. I would refer you to the nursing note dated March 22nd, 1981, and the first line:

"Babe settled well after 2:30 feeding.



1

2

"Rested comfortably until about 3:45."

3

Do you see that?

4

A. Yes, I do.

5

Q. Would it be fair of me to

6

suggest that the child was then in fact fed at 2:30?

7

A. Yes.

8

Q. You don't recall one way or

9

another whether the child was fed as you were leaving
the room, or do you remember?

10

A. I recall a feeding but I am

11

not sure of the time of feeding.

12

Q. Do you remember who was feeding

13

the child when you observed it?

14

A. Susan.

15

Q. Did you at any time during that

16

half hour or at any other point during that evening
see Phyllis Trayner feeding the child?

17

A. No, I didn't see her.

18

Q. Do you know when Susan Nelles

19

took her lunch or dinner break that night?

20

A. No.

21

Q. At any time did you observe

22

her being relieved by any other nurse from 4A or
by Phyllis Trayner?

23

A. Susan was out at the nursing

24

25



1

2

station at one point and Phyllis was in the room
relieving, but I can't say what time that was.

3

4

Q. Do you remember whether it was
before or after you went in to watch T.V.?

5

6

A. No, I can't recall.

7

Q. Who else was at the nursing
station at the time do you remember?

8

9

A. There were some other people
but I am not sure who was there.

10

11

Q. Do you recall whether Phyllis
Trayner was there?

12

13

A. No, she wasn't there. She was
in the room.

14

15

THE COMMISSIONER: The time - that
is the time that Susan was at the nursing station
you say Phyllis Trayner was in the room with Justin
Cook. Is that right?

16

17

THE WITNESS: Yes.

18

19

THE COMMISSIONER: But was Phyllis
Trayner at the nursing station at any time that you
remember, or do you remember?

20

21

THE WITNESS: I'm sorry, I don't
understand.

22

23

THE COMMISSIONER: Well, I thought
your question was - maybe I am wrong.

24

25



1

2

MS. CRONK: Let me try again, sir.

3

THE COMMISSIONER: Yes. All right.

4

MS. CRONK: Q. Ms. Bell, you told

5

us you remember seeing Susan Nelles at the nursing

6

station.

7

A. Right.

8

Q. But you don't remember what

9

time that was?

10

A. No.

11

Q. Was Phyllis Trayner at the

nursing station at that time?

12

A. She wasn't there --

13

THE COMMISSIONER: Phyllis Trayner

14

was in the room.

15

THE WITNESS: She was in the room.

16

Susan was at the desk.

17

MS. CRONK: Q. All right. To assist

18

you in terms of timing, Ms. Bell, Phyllis Trayner

19

testified at the preliminary hearing involving

20

Susan Nelles - this is found, sir, at Volume 6, page

21

1209 to 1210 - that she relieved Susan Nelles from

22

approximately 10:55 p.m. that night until close to
midnight.

23

Does that assist you in any way in

24

recalling when it was that you saw Susan Nelles at

25



1

2

the nursing station?

3

A. No.

4

Q. Would you have any reason

5

to disagree if Mrs. Trayner were to testify here

6

that that is when she relieved Susan Nelles?

7

A. It could have been that time,

8

yes.

9

Q. You don't recall being in the

10

child's room and seeing Susan Nelles between 10:55

11

A. No.

12

Q. Other than the - I'm sorry,

13

still dealing with the half hour when you were

14

watching T.V. in Room 418, did you at that time

15

notice a syringe or an ampule or a drug of any kind

16

taped to that child's bed?

17

A. No.

18

Q. Where was the T.V. located in

the room?

19

THE COMMISSIONER: Where is 418 on

20

that chart?

21

MS. CRONK: Q. This is 418, Ms. Bell,

22

is it?

23

A. Yes.

24

Q. Immediately adjacent to the

25



1

2

J7

3

nursing station on Ward 4A?

4

A. That is right.

5

Q. Do you recall where the T.V. --

6

THE COMMISSIONER: No, 418 is the
infant room, of course,

7

THE WITNESS: Yes, it is.

8

MS. CRONK: Q. Do you recall where

9

the T.V. was located in that room?

10

A. I believe it is where that

11

black line is, the middle black line on 418 at the
back.

12

Q. You are pointing to the line

13

at the south end of the room in the middle?

14

A. At the south end, the other

15

end, yes. That one.

16

Q. The north end?

17

A. Right. Sorry.

18

Q. And approximately in the

19

middle of the room?

20

A. Yes.

21

Q. How many beds were there are
on the west side of the room do you recall?

22

A. I believe there was two or

23

three.

24

Q. Where was Justin Cook's bed?

25



1

2

J8

3

A. He was on the other side.

4

Q. On the east side of the room.

5

A. And I believe he was in the
centre.

6

Q. In order to watch the T.V.

7

then would you be in a position to observe Justin
Cook's bed at the same time as you were watching T.V.?

8

9

A. I wasn't right at his bedside.

10

I was at the end of the bed in the middle of the
room.

11

Q. Were you sitting in the middle

12

of the room?

13

A. I was.

14

Q. I take it you do not recall

15

seeing any form of drug, ampule, syringe of any
kind taped to his bed?

16

A. No, I couldn't.

17

Q. Could you see his bed from

18

where you are sitting watching T.V.?

19

A. I could see his bed but I

20

couldn't see that end of the bed like where his
feet would be.

21

Q. I see.

22

A. But I could see the head of

23

his bed.

24

25



1

2

J9

3

Q. You could see the head of his
bed only?

4

A. That is right.

5

Q. But not the foot?

6

A. That is right.

7

Q. After you left the room having
watched T.V. for about half an hour with Susan Nelles,
when did you next see Justin Cook?

9

10

A. I believe it was just prior
to his arrest.

11

12

Q. How did it come about that
you saw the child at that time?

13

14

15

16

A. Well, I was at the desk with
the supervisor, and Phyllis was there, and Susan
had called out for Phyllis in an urgent voice.
Phyllis had gone into the room and I had followed
the supervisor.

17

18

Q. When you say you were at the
desk, is that the nursing station?

19

A. Yes.

20

21

Q. Who was the supervisor who
was with you?

22

A. Lynn Johnstone.

23

24

Q. How long had she been on the
ward?

25



1

2

J10

3

A. I think only a few minutes.

I can't be sure.

4

Q. Why was she there?

5

A. Getting report on the children.

6

Q. Had she gone into Justin

7

Cook's room prior to speaking to you at the nursing
station?

8

9

A. She could have, but I don't

know.

10

11

Q. Right. Again looking at

page 29 of the progress notes in Justin Cook's
chart --

12

13

A. Yes.

14

Q. -- according to the note

15

written by Miss Nelles the child was resting

16

comfortably until about 3:45 when his hands were

17

noted to be more cyanosed. Vital signs were started

18

when baby began to have a seizure and it appears that

19

a Code 23 was placed for Dr. Kantak within minutes.

Am I reading that correctly?

20

A. Yes, that is correct.

21

Q. When you heard Susan Nelles

22

call out from the room for Phyllis Trayner did she

23

also call out for Code 23?

24

A. No, she just called Phyllis'

25

name.



1

2

J11

3

Q. All right. You were then in the room before the Code 23 was called?

4

A. Yes.

5

Q. Was the crash cart there?

6

A. I am not sure.

7

Q. Do you recall whether you brought it into the room when you heard Susan Nelles call out?

9

A. I don't know.

10

Q. Do you remember seeing anyone else bring it into the room?

11

12

A. I don't recall.

13

Q. What was happening in the room when you entered it?

14

15

A. Well, Susan was taking vital signs and they were just - it was mainly an assessment situation.

16

17

Q. What did the child's condition appear to be?

18

19

A. He was seizing. He was noticeably more cyanosed than he had been previously.

20

21

Q. Did you at that time - I'm sorry, were you at that time standing at the head end of Justin Cook's bed or at the foot end?

22

23

A. At the foot end still.

24

25



1

2

J12

3

Q. I'm sorry?

4

A. At the foot end.

5

Q. You told me earlier that when
you were watching T.V. you were at the head end?

6

A. No, the foot end.

7

Q. All right. Let me be clear.

8

When you were watching T.V. in Room 418 you were
closest to the foot end of Justin Cook's bed?

9

10

A. Right, but I could only see
the head end.

11

Q. I see. All right.

12

When you were in the room this time
when Susan Nelles had called out and you had gone
into the room with Phyllis Trayner and I believe
Lynn Johnstone?

15

16

A. Right.

17

18

Q. Did you at that time observe
a syringe or an ampule or a drug of any kind taped
to the bed?

19

20

A. Not when I had first gone into
the room.

21

22

Q. Well what happened after you
entered the room. What happened next?

23

24

A. Well, we called a Code 23 for
Dr. Kantak.

25



J13

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Q. Who did that?

A. I am not sure. I think we called it out and someone was at the desk and called it. I am not really sure.

Q. Did anyone leave the room to do that?

A. I am not sure.

Q. All right. Do you recall whether or not the crash cart was brought into the room at that point?

A. It could have been.

Q. Do you know who did that?

A. It could have been Lynn Johnstone. I am not sure.

Q. Do you remember doing it yourself?

A. No, I don't.

Q. Do you recall it being brought in before Dr. Kantak arrived?

A. It seems to me it was there when he arrived, yes.

Q. How long after the calling of the Code 23 was it before Dr. Kantak arrived?

A. I don't think it was even a minute. It was a very short span of time.



J14

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Q. Well, during the period of time when you had entered the room before Dr. Kantak arrived, did you see any medication or drug of any kind being administered to the child?

A. No.

Q. What happened when Dr. Kantak arrived?

A. Dr. Kantak arrived and he assessed the situation as well and gave the Inderal, and it was then that I saw the Inderal from the end of the bed being used.

Q. And where did the Inderal come from?

A. It was taped to the end of the bed.

Q. Was that the first time you had seen anything taped to the end of the bed?

A. Yes, it was.

Q. What did you see taped to the end of the bed at that time?

A. A syringe with a needle on the end.

Q. All right. Were there any markings on the syringe?

A. Just the usual markings on



J15

1

2

3

the syringe.

4

Q. Nothing to indicate what was
contained in the syringe?

5

A. No.

6

Q. What size of syringe was it?

7

A. I believe it was TB syringe
but I can't be sure.

8

9

THE COMMISSIONER: I'm sorry, what kind?

10

MS. CRONK: Tuberculin, TB, sir.

11

Q. That is a 1 cc syringe?

12

A. Yes, it is.

13

Q. Insofar as you could tell
was the syringe completely full?

14

A. I think so, yes.

15

Q. Was there anything else taped
to the bed that you noticed?

16

17

A. I didn't notice anything else,
no.

18

19

Q. Was that the syringe that
Dr. Kantak used to administer the drug to the child?

20

A. Yes, it was.

21

Q. Had Dr. Kantak called out for
Inderal?

22

23

A. Yes, he had asked for it, yes.

24

Q. How did it come to your

25



J16

1

2

attention that there was a syringe at the end of
the bed?

3

4

5

6

7

A. Somebody had pointed it out
that there was Inderal taped to the end of the bed,
and at that point I was closest to the bed where I
could see it as well.

8

9

Q. Do you recall who pointed that
out?

10

11

A. No.

12

13

Q. Do you recall who suggested
it was Inderal at the end of the bed?

14

15

A. It was either Phyllis or
Susan.

16

17

Q. But you don't recall which?

18

19

A. No.

20

21

Q. Were you aware of the fact
that earlier in the evening a doctor had ordered
a cc of Inderal to be kept by Justin Cook's bedside?

22

23

A. I wasn't aware of that order
at the time, no.

24

25

Q. Was Dr. Kantak told that?

A. It could have been him that
ordered it. I am not sure.

Q. Did you observe an ampule
taped to the end of the bed at any time when you



J17

1

2

were in Justin Cook's room before he died?

3

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A. It could have been there but I didn't see it. The tape seemed to be fairly wide. They had taped the syringe actually to the end of the bed and could have been right over the ampule and I wouldn't have seen it.

Q. Could I ask you to turn if you would, please, to page 30 of the medical chart.

A. Yes.

Q. There is an indication on page 30 that two doses of Inderal were given to the child.

A. Yes.

Q. One .4 millilitres and a second, .2 millilitres.

A. Right.

Q. Do you recall seeing two doses of Inderal administered to the child?

A. Yes.

Q. Or at least a drug that it had been suggested was Inderal?

A. Yes.

Q. Did Dr. Kantak administer both?

A. Yes.

Q. What was the response after



Bell, dr.ex.
(Cronk)

J18 1
2 the first dose?

3 A. There wasn't much of a response
4 to it. That is why the second dose was given.

5 Q. Did Dr. Kantak send out for
6 more Inderal or did he use the same syringe to
7 administer the second dose?

8 A. I believe he used the same
9 syringe, but I can't be sure.

10 Q. Is Inderal a drug normally
11 kept on the crash carts in 4A/4B?

12 A. I am not sure.

13 Q. Who was present at the time
14 that that first dose of Inderal was being administered?

15 A. I was there, Lynn Johnstone,
16 Phyllis Trayner and Susan Nelles and Dr. Kantak.

17 Q. Were there any other nurses
18 or registered nursing assistants in the room?

19 A. Janet Brownless could have
20 been in the room, but I am not sure.

21 Q. Do you recall anyone else?

22 A. No, I don't.

23 Q. If Dr. Kantak used the same
24 syringe to administer the second dose of Inderal,
25 I take it then that he had not fully used the
contents of the syringe the first time?



Bell, dr.ex.
(Cronk)

J19

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25

A. Right.

Q. Did you notice whether or not the syringe was completely full when you first observed it?

A. When I first saw it?

Q. Yes.

A. Well, the plunger was almost right out so I imagine it would be.

Q. Would the plunger be almost completely out if it was in fact virtually full?

A. There would be no reason for the plunger to be out if there wasn't.

Q. Were there any markings of any kind on the plunger?

A. Just the usual markings of the amount.

Q. All right. Nothing to indicate its contents?

A. No.

Q. Did you see Dr. Kantak check the drug in any way before he administered the two doses of Inderal?

A. No.

Q. Was he shown an ampule of any kind in your presence that you observed?



J20

1

2

3

A. No.

4

THE COMMISSIONER: Which is the
generic name and which is the trade name?

5

6

THE WITNESS: I believe Inderal is
the trade name and the generic name is propranolol.

7

8

MS. CRONK: I stay away, sir,
from the ones I have difficulty pronouncing.

9

10

Q. But we are talking about the
same drug are we not, Ms. Bell?

11

A. Yes. Inderal and propranolol
are the same thing.

12

13

14

THE COMMISSIONER: And it possibly
doesn't make any difference, but the doctor would
not prescribe a trade name, though, would he?

15

THE WITNESS: He could.

16

THE COMMISSIONER: Yes. All right.

17

18

19

MS. CRONK: Q. Do you recall,
Ms. Bell, whether or not there was any other
Inderal in the room other than what may or may not have
been contained on the crash cart?

20

21

A. There was two ampules of
Inderal at Justin's bedside.

22

Q. Where were they?

23

24

25

A. At his bedside which would be
at the head of his bed.



J21

1

2

3

Q. Were they broken or were
they full ampules?

4

A. Oh they were full ampules.

5

6

Q. How do you know they were
Inderal?

7

8

A. Inderal comes with a loose
type of sticker. I didn't actually read the name
but I assumed it was Inderal.

9

10

11

Q. Was it the same type of
sticker - was the same type of sticker that normally
comes on Inderal on both of those ampules?

12

A. Yes, it was.

13

14

15

16

17

18

19

20

21

22

23

24

25



1

7feb84
K
DMrc

2

Q. And did you observe the
stickers from where you stood?

4

A. You could see them, yes,
because they protrude down the side; they don't
exactly go around the ampoule.

5

6

7

Q. Do you know how those two
ampoules of Inderol came to be in Justin Cook's
room?

8

9

A. No.

10

11

Q. What type of ampoules were
they? Do you know whether they were pediatric size
or adult size?

12

13

A. It was the only size that I
had seen in the Hospital.

14

15

Q. Were they used with Justin
Cook while you were in the room?

16

A. I am not sure.

17

18

Q. After Dr. Kantak gave the
Inderol what happened next?

19

20

21

22

23

24

25

A. There was no effect with the
Inderol. So there was some discussion that we
should get someone with more experience with this
type of situation into the room, whether it be the
Cardiology Fellow, who was Dr. Jedeikin, or someone
who was in the Hospital like an ICU Associate.



1

K2 2

Q. And what was done?

3

A. Dr. Jedeikin was called.

4

Q. Who called him?

5

A. I believe Dr. Kantak did.

6

Q. And before Dr. Jedeikin

7

was called by Dr. Kantak were any further drugs
administered to the child?

8

A. Well here it is listed as

9

atropine but I don't recall the atropine being

10

given.

11

Q. You don't recall having

12

observed any atropine being given?

13

A. No.

14

Q. Was Dr. Jedeikin requested

15

to come to the child's room or was he merely
on the telephone?

16

A. He was on the phone and he

17

was on his way. He said he was on his way.

18

Q. Were any further medications

19

given to the child before Dr. Jedeikin arrived?

20

A. Morphine was given.

21

Q. Where did the morphine come

from?

22

A. From the 4B narcotics cupboard.

23

Q. Who got the morphine?

24

25



K3

1

2

A. I did.

3

Q. Did someone ask you to do

4

that?

5

A. Yes.

6

Q. Who did?

7

A. Dr. Kantak.

8

Q. Morphine is not normally kept
on the crash cart as I understand it?

9

A. No, it was not. It is a

10

narcotic.

11

Q. Narcotics are not normally

12

kept on the crash cart?

13

A. No, they weren't.

14

Q. You were in Room 418 with

Justin Cook?

15

A. Yes.

16

Q. Can you tell me why you

17

didn't go to the medication room on 4A?

18

A. Because I had the keys for

19

the 4B narcotics cupboard.

20

Q. Do you know who had the key

21

to the 4A medication room at that stage, the

22

narcotics cupboard?

23

A. I assume it was Phyllis but

24

I can't be sure.

25

25



1

K4

2

Q. How much morphine did you

3

fetch from the medication room on 4B?

4

A. I got one ampoule, which

5

was 10 mg.

6

Q. Did you bring it back to the

7

room or did you fill a syringe in the medication
room?

8

A. No. I brought it back to the

9

room.

10

Q. What did you do with it?

11

A. I withdrew the solution and

12

checked it with Lynn Johnston and she signed it, she
signed for it in the narcotics book.

13

Q. And then what happened?

14

A. And then it was administered

15

to Justin.

16

Q. Did you draw up the whole

17

ampoule into the syringe?

18

A. I believe I did, yes.

19

Q. You said that was 10 mg.?

20

A. I think so, yes.

21

Q. Was the whole of the syringe

22

or the whole of the contents of the syringe administ-
ered to Justin Cook?

23

A. No.

24

25



K5

1

2

Q. Was part of it left?

3

A. I think so, yes.

4

Q. Had Dr. Jedekkin arrived
at that stage?

5

A. He had.

6

7

Q. Before the morphine was
given?

8

9

A. Just at the time it was being
given.

10

Q. What happened then?

11

12

13

14

15

16

17

18

A. It didn't seem to have any
effect on Justin, and there was further problems;
he was still very cyanosed and I believe he was
still seizing. Dr. Jedekkin felt he should go
to ICU and he was going to -- his plan was to
intubate him on the ward and sort of reasonably
stabilize him for transferring into ICU. So he
was going to get the ICU Associate on the floor
plus the anaesthetist to come and intubate Justin.

19

20

Q. Was there sufficient time
to do that before Justin Cook went into cardiac
arrest?

21

22

23

24

25

A. The anaesthetist was on the
ward and while he was in the process of intubating
he went into arrest.



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K6

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Q. If you look at page 30 of the medical record, Ms. Bell, it is suggested that the arrest, and I take that to mean a Code 25, was called at 4:20 in the morning.

A. Right.

Q. Is that correct?

A. Yes.

Q. Does that accord with your recollection?

A. Yes.

Q. Was it within minutes of the giving of the morphine?

A. Yes.

Q. There is also a list of various medications and various activities that were then undertaken during the course of the resuscitation. Did you keep that list?

A. This is not my writing.

Q. Do you know who did?

A. I am not sure.

Q. At any time when you were present in the room before Justin Cook was pronounced dead, do you recall Lidocaine being administered to the child?

A. Not that I can recall.



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K7 2

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Q. I note that it is not one of the drugs listed on the medication sheet as having been given to Justin Cook. Do you remember it being requested by any of the physicians in the room?

A. It could have been.

Q. Do you remember?

A. No, I don't.

Q. Is it normally kept on the crash cart?

A. We have it, yes.

Q. When is Lidocaine normally used?

A. It can be used in a number of situations. It has different properties.

Q. It can be used as well during a cardiac arrest?

A. It can be.

Q. Could you turn with me to page 17 of the medical record of Justin Cook, please.

A. 17?

Q. Page 17.

A. I have it.

Q. Would you help me please again by indicating what medications are recorded as having been given to Justin Cook the night of March



1

K8 2

21st.

3

A. March 21st, propranolol, 4 mg.
by mouth, was given at midnight by Susan Nelles.

4

5

Q. And prior to that, early
in the evening?

6

7

A. Propranolol, 3 mg. by mouth,
was given by Sui Scott at 6:00 p.m.

8

9

10

Q. And I take it that the first
dose at 6:00 p.m. would have been given before you
came on duty that night?

11

A. Yes.

12

13

Q. Did you, yourself, observe
Susan Nelles administering the dose of Inderal to
the child at midnight?

14

A. No.

15

16

17

18

19

Q. Did you in fact at any time
before going into the room at the time of Justin
Cook's cardiac arrest, and before Dr. Kantak arrived,
see anyone administering any medication or drug to
this child of any kind?

20

A. No.

21

22

23

24

25

Q. Did you see anyone at any
time during the course of that night before Dr.
Kantak arrived going into Justin Cook's room with
a syringe or a drug in hand?



K9

1

2

A. No.

3

Q. Were you aware that Justin

4

Cook was not prescribed digoxin at the Hospital?

5

A. I wasn't aware of it but

6

due to his condition I wouldn't think that he would be.

7

Q. Had you heard at any point

8

prior to his death that digoxin was in fact contra-
indicated for the child?

9

10

A. Just knowing what the condi-

11

tion was I would know that.

12

Q. Would you turn as well to

13

page 27 of the chart.

14

THE COMMISSIONER: Before we leave

15

that page. Why would they prescribe propranolol

16

3 mg. and 4 mg. both to be given at 1800 or have I
misunderstood that?

17

THE WITNESS: The propranolol 3 mg.

18

was ordered first and they had written it as being

19

given every eight hours. Then they sort of re-

20

evaluated the medication and decided that the

21

4 mg. should be given every six hours. Those are
the every six-hour times.

22

THE COMMISSIONER: You pay no

23

attention to the first treatment note?

24

25



Bell
dr.ex. (Cronk)

1
K10 2 THE WITNESS: Right.
3 THE COMMISSIONER: From there on?
4 THE WITNESS: Yes.
5 THE COMMISSIONER: Obviously it was
6 revalued after the 1800?
7 THE WITNESS: Right.
8 MS. CRONK: Well, to help you
9 further, sir, the first order -- if we look to the
10 first column on the medication sheet that shows us
11 when the particular order was made by the physician.
12 Q. Is that correct?
13 A. Yes.
14 Q. And the order for 3 mg. of
15 Inderol was made on the 20th of March?
16 A. That is right.
17 Q. And changed on the 21st?
18 A. Right.
19 Q. Would you turn now if you
20 would please to page 27 of the chart.
21 A. I have it.
22 Q. I refer you to the note which
23 appears to have been written by Sui Scott. That
24 appears at the top of the page, referring to
25 six o'clock, March 21st.
A. Right. I see it.



K11 2

Q. It suggests that Inderol was also given at 6:00 p.m. In addition to that given by Mrs. Scott, there was some given by Dr. Kantak and Dr. Jedaikin. Am I reading that correctly?

A. I believe .42 cc.

Q. And that appears to have been given at six o'clock?

A. Yes. Given IV by Dr. Kantak.

Q. That is the same time as we have seen that Sui Scott signed as having given a dose of Inderol at six o'clock to the child?

A. Yes.

Q. Could you turn please to
page 29 of the chart.

A. I have it.

Q. Do you recall we referred to this note earlier and I suggested to you that it appeared that Justin Cook had been fed at approximately 2:30 in the morning.

A. That is right.

Q. As I read the nursing note from March 21st, apparently completed by Miss Nelles, it does not appear that any other medication is noted as having been administered to the child, other than the ones we have already looked at; is that correct?

25



1

K12 2

A. That is correct.

3

Q. It does however appear that

4

the intravenous was, according to Miss Nelles,

5

infusing well.

6

A. Yes.

7

Q. The last recorded medication

8

then given to Justin Cook I suggest is the Inderol

9

which was given by Miss Nelles at 12 Midnight on

10

the 21st?

A. Correct.

11

Q. At any time when you entered

12

Justin Cook's room, do you recall -- I'm sorry. At

13

any point after midnight up to the time when you

14

heard Susan Nelles call out and went into the room

15

at approximately 3:40 in the morning, do you recall

16

seeing anyone other than Susan Nelles, Phyllis

Trayner or Janet Brownless enter that child's room?

17

A. Not that I am aware of, no.

18

Q. Do you recall seeing any

19

physician enter the room between the hours of 12

20

Midnight and 3:40 in the morning?

21

A. Not that I recall, no.

22

Q. Did something unusual occur

23

earlier in the evening before midnight with respect

24

to digoxin on those wards?

25



Bell
dr.ex . (Cronk)

1

K13 2

A. Yes.

3

Q. What was that?

4

A. Dr. Costigan had come up to

5

4A/B and had requested to take our digoxin elixir

6

off the floor. It was suggested that the strength

7

of the digoxin was to be checked and that he would

8

get back to us as to what we were going to do. I

9

had already administered my digoxin for the evening

and Phyllis hadn't; so she had discarded hers.

10

Q. Do you recall when Dr.

11

Costigan came to the ward?

12

A. I believe he came somewhere

13

between 9:00 and 9:30 because I had just finished

giving my digoxin.

14

Q. How do you know Phyllis

15

Trayner had not given hers?

16

A. She said that she hadn't

17

given hers.

18

Q. What do you mean when you •

19

say she discarded her digoxin?

20

A. I believe she poured them

down the sink.

21

Q. And didn't give them at that

22

time?

23

A. Right.

24

25



Bell
dr.ex. (Cronk)

1

K14 2

3

Q. Did Dr. Costigan at that time
remove any oral digoxin from 4B?

4

A. He removed the oral digoxin,
yes.

5

6

Q. Did he remove it as well from
4A?

7

A. Yes, he did.

8

Q. Did you see him do so?

9

A. Yes.

10

11

Q. Did he remove any of the
digoxin tablets or ampoules, the IV digoxin, from
Ward 4B at that time?

12

13

A. No.

14

Q. Did he give you any instruc-
tions with respect to the tablets and the ampoules?

15

A. Not at that time, no.

16

17

Q. Did you see him remove any
tablets or ampoules from Ward 4A at that time?

18

A. Not that I am aware of, no.

19

Q. Did he tell you why he was
picking the oral elixir up?

20

21

A. He was going to check -- I
was under the impression he was going to check the
strength of the digoxin elixir.

22

23

Q. Did you ask him why?

24

25



Bell
dr.ex. (Cronk)

K15

1

2

A. I did.

3

Q. What were you told?

4

A. He said he would get back to

5

us.

6

Q. You were not offered an

explanation at that time?

7

A. No, I wasn't.

8

Q. Did Dr. Costigan later return

9

to the ward?

10

A. Yes, he did.

11

Q. What time was that?

12

A. I believe it was around ten

13

o'clock, because I had called somewhat before ten

14

to ask about the digoxin, and he had come back with
the elixir, I believe it was the same bottles.

15

Q. What happened at ten o'clock

16

when he returned?

17

A. He instructed us to lock up

18

our digoxin, all of it, which we did.

19

Q. Including the tablets and

20

the ampoules?

21

A. Yes.

22

Q. When did you lock up the

oral elixir on the floor?

23

A. Just after he had come back to

24

25



Bell
dr.ex. (Cronk)

1
K16 2 the floor.
3 Q. Was Dr. Costigan there when
4 you did so?
5 A. I am not sure if he was or not.
6 I don't know.
7 Q. Did you at the same time
8 lock up the intravenous digoxin, the ampoules?
9 A. I don't believe I did, no.
10 Q. When did you lock that up?
11 A. Within an hour's time.
12 Q. By eleven o'clock?
13 A. I think so, yes.
14 Q. Why did you not lock up the
15 intravenous digoxin at ten o'clock when you locked
16 up the oral elixir?
17 A. Because I hadn't thought of it.
18 Q. Did Dr. Costigan tell you to?
19 A. He told us to lock up all
20 our digoxin, yes, but I don't know if he specifically
21 referred to IV digoxin or made a differentiation
22 between the digoxin.
23 Q. When did you lock up the
24 digoxin tablets on 4B?
25 A. At the same time as the elixir.
Q. That would be at ten o'clock?



K17

1

2

A. Yes.

3

Q. Did you personally lock up

4

the intravenous digoxin at eleven?

5

A. Yes, I did.

6

Q. Was that eleven or some time

7

between ten and eleven?

8

A. Some time between 10:30 and

9

11:30.

10

Q. I am sorry?

11

A. Some time between 10:30 and

12

11:30.

13

Q. Could it have been as late

14

as 11:30 when it was locked up?

15

A. It could have been.

16

Q. Was there anyone with you

17

when you did lock it up?

18

A. No.

19

Q. Who had the keys to the

20

narcotics cupboard from 11:30 forward on 4B after
you locked up the IV digoxin?

21

A. I did.

22

Q. Were they out of your

23

possession from ten o'clock on, between ten and
11:30 after you locked up the oral digoxin?

24

A. I don't believe they were, no.

25



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K18 2
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Q. Do you know what time the oral elixir was locked up on 4A?

A. I didn't see it being locked up so I couldn't really say.

Q. Did Dr. Costigan see Phyllis Trayner on 4A the same time he saw you on 4B at ten o'clock?

A. Yes.

Q. Did he speak to her in your presence?

A. I believe we were both there when he said that, yes.

Q. And it was at that time that he said to lock up all the digoxin?

A. Yes.

Q. Do you know when the digoxin tablets and the IV digoxin were locked up on Ward 4A as opposed to your own ward?

A. No, I am not sure.

Q. Did you at any subsequent point in the evening have any discussions with any of the nursing supervisors regarding the locking up of all the digoxin?

A. I believe we had mentioned it to Lynn Johnstone.



1
K19 2 Q. Were you told why the digoxin
3 was to be kept locked up?
4 A. We were not given a reason,
5 no.
6 Q. Did you ask Dr. Costigan why
7 you were to lock it up?
8 A. Yes.
9 Q. What were you told?
10 A. We were not given a reason.
11 Q. No explanation?
12 A. No.
13 Q. Why did you think you were
14 being asked to lock it up?
15 A. When he had taken the elixir
16 off the floor I assumed there was something wrong
17 with the strength of the digoxin but that the error
18 would lie with the manufacturing company, the drug
19 company.
20 Q. What did you think when he
21 told you to lock up all the digoxin, including the
22 tablets and intravenous digoxin?
23 A. I didn't know what to think.
24 Q. Was there something else that
25 was unusual that happened that evening shortly after
Justin Cook died?



K20

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A. Dr. Jedeikin had taken a
blood sample from Justin Cook.

Q. When was that?

A. Just shortly after he died.



Bell, dr.ex.
(Cronk)

/BM/ak

1

2

A. Just shortly after he died.

3

Q. And he had been pronounced

4

dead?

5

A. Yes.

6

Q. Right. We know that he was

7

pronounced dead at approximately 4:56 in the morning.

8

How long after that, as best as you can recall it,

9

did Dr. Jedeikin take a blood sample?

10

A. Within 5 to 10 minutes.

11

Q. Were you in the room at the

time when he took the blood sample?

12

A. No, I wasn't.

13

Q. Who else was with Dr. Jedeikin

14

when that was done?

15

A. I believe Dr. Fowler was.

16

Q. When did Dr. Fowler arrive on

the ward?

17

A. I'm not sure, I don't know if

18

it was some time before Justin was pronounced dead

19

or just afterwards, I'm not sure.

20

Q. If it was either just before

21

or just afterwards, that would place it at approxi-

22

mately 5 o'clock in the morning?

23

A. Yes.

24

Q. Was it unusual to see Dr. Fowler

25



1

2

on the wards at that time?

3

A. Not in an arrest type of

4

situation, no.

5

Q. Was he on call that night?

6

A. I believe he was on call the

7

weekend.

8

Q. All right. Why did you under-

9

stand that a blood sample had been taken by

10

Dr. Jedeikin?

11

A. I don't know why.

12

Q. Did he tell you why?

13

THE COMMISSIONER: I'm sorry, what

reason?

14

MS. CRONK: Yes, I'm sorry, should

15

I rephrase it?

16

THE COMMISSIONER: Well, you said

17

why did you understand, I think she understood that

18

because she was watching him but the question was

19

have you any idea why it was being taken?

20

THE WITNESS: No, I didn't.

21

MS. CRONK: Much better question,

sir, thank you.

22

THE COMMISSIONER: Well, I'm not too

23

sure about that. I wonder if we could take the

24

lunch break now?

25



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2

3

MS. CRONK: Could I just finish
this area, sir, I will just be a moment or two.

4

THE COMMISSIONER: Yes.

5

6

MS. CRONK: Q. Did you ask
Dr. Costigan why this sample was being taken?

7

A. Dr. Jedeikin?

8

Q. I'm sorry, Dr. Jedeikin.

9

A. We had.

10

Q. And were you told why it was
being taken?

11

A. No, we weren't.

12

13

Q. Did you speak to Dr. Fowler
about the matter?

14

A. No, not directly, no.

15

16

17

18

Q. Did it occur to you in light
of the fact that all of the digoxin on the ward
had been locked up earlier in the evening that the
taking of the blood sample on Justin Cook might
somehow be connected with digoxin?

19

20

A. The thought had crossed my
mind.

21

22

Q. Was it suggested to you by
anyone?

23

A. No.

24

25

Q. Had anyone suggested to you at



Bell, dr.ex.
(Cronk)

1
2
3 any time prior to the taking of that blood sample
4 by Dr. Jedeikin that digoxin might have been involved
5 in the death of Justin Cook?

6 A. No.

7 MS. CRONK: Could we leave the matter
8 there, sir.

9 THE COMMISSIONER: All right.

10 MR. BROWN: Mr. Commissioner, to
11 assist counsel can Miss Cronk advise us how much
12 longer she is going to be?

13 MS. CRONK: I expect to be a half
14 an hour, no more.

15 THE COMMISSIONER: And Miss Kitley,
16 any difference from yesterday, one hour?

17 MS. KITELY: No, sir.

18 THE COMMISSIONER: Will you be
19 next, Mr. Brown?

20 MR. BROWN: Yes.

21 THE COMMISSIONER: How long will
22 you be?

23 MR. BROWN: I would expect no more
24 than an hour, sir.

25 THE COMMISSIONER: I think that
will certainly complete us for the day.

What is your position, Miss Forster,



Bell, dr.ex.
(Cronk)

1

2

are you going after that?

3

MS. FORSTER: I think so, sir,

4

but I would like to think about it over the lunch
hour.

5

6

THE COMMISSIONER: Yes, all right.

7

All right then we will rise until 2:30.

8

--- Luncheon recess.

9

10

11

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AA
BM/PS

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---Upon resuming after the luncheon recess.

3

THE COMMISSIONER: Yes, Ms. Cronk.

4

MS. CRONK: Thank you, sir.

5

Q. Ms. Bell, you told me before
lunch as I understood it that when you saw Dr.

6

Jedeikin taking a blood sample out of the room of

7

Justin Cook it crossed your mind that it might be con-

8

nected with the lockup of digoxin that had occurred

9

earlier that night. Do I have that correctly?

10

A. That all the circumstances were
unusual for that night, yes.

11

12

Q. Did it occur to you at that time
that digoxin might have been involved in the death of
Justin Cook?

13

14

A. No.

15

16

Q. Was it a matter that was dis-
cussed in your presence or to your knowledge by any
of the doctors who were in attendance at the time that
child was pronounced dead?

17

18

A. No.

19

20

Q. Was it discussed amongst any
of the nurses on that ward insofar as you were aware?

21

A. No.

22

23

Q. You told me as well that from
10 p.m. on March 21st that you had the keys to Ward

24

25



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4B narcotics cupboard in your possession, is that correct?

3

4

A. Yes, that's correct.

5

6

Q. And between 11 and 11:30 that night as best as you can recall it the intravenous digoxin on your ward had been locked up?

7

8

A. Yes.

9

10

Q. After it was locked up did anyone come to you and ask to borrow the keys to the narcotics cupboard on Ward 4B?

11

A. I don't think so, no.

12

13

Q. Do you have any recollection one way or the other?

14

A. Not really.

15

16

Q. You did yourself however have them at 3:45 that morning when Dr. Kantak requested morphine for the child and you went and got it?

17

A. Yes, I did.

18

19

Q. And you had the keys in your possession then?

20

A. Yes, I did.

21

22

Q. Did you at any point that night after 10:00 p.m. see anyone opening the narcotics cupboard on Ward 4A?

23

A. I didn't see anyone, no.

24

25



1
2 Q. Do you recall before lunch as
3 well I asked you if you had ever seen Phyllis Trayner
4 alone in Justin Cook's room.

5 A. Yes, I recall you asking.

6 Q. At the preliminary hearing involv-
7 ing Susan Nelles, Lynn Johnstone, one of the night
8 supervisors you told us gave evidence.

9 A. Yes.

10 Q. I would like to read a portion of
11 it to you. It is found, sir, at Volume 10, it is a
12 short passage and it begins at page 65 over to page
13 66. The question, Ms. Bell, was this:

14 "Q. What time would you have left
15 the floor on that occasion?"

16 THE COMMISSIONER: I'm sorry, who was
17 giving this evidence?

18 MS. CRONK: Lynn Johnstone, a night
19 nursing supervisor.

20 THE COMMISSIONER: Yes, all right.

21 MS. CRONK: "Q. What time would you
22 have left the floor on that occasion?"
23 Talking about the night that Justin Cook died.

24 "A. 1:30, quarter to 2.

25 Q. When did you go back?

A. I went back some time around



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3 or 3:30 in the morning.

Q. Why was it that you went back?

A. I went back to see how the children were because there were a few children they were concerned about. I went back to have some coffee with the girls too.

Q. And when you went back what did you find?

A. I went into the back of the nurses station and Susan was sitting there.

Q. Susan Nelles?

A. Susan Nelles, yes.

And I think Mrs. Christie was there, I think Mrs. Bell was there.

Q. Start again, who was it?

A. Susan Nelles, Mrs. Christie and Mrs. Bell."

With the benefit of that evidence, Ms. Bell, do you recall now whether or not you had coffee with Lynn Johnstone and Susan Nelles at the nursing station on the morning of March 22nd between 3 and 3:30 a.m. in the morning?

A. I don't recall them being there at the same time, no.



1

2

5

Q. Do you recall having coffee that morning with Lynn Johnstone?

4

A. I remember talking to Lynn Johnstone, yes.

5

6

Q. Do you remember having coffee with her at the nursing station?

7

A. Yes, we were.

8

Q. Do you know what time that was?

9

A. No, I'm sorry.

10

Q. Do you recall Susan Nelles being present at the same time?

11

12

A. I don't recall her being present at that time but I know she was at the desk at one point, whether it was that time or not, I'm not sure.

13

14

Q. Do you have any reason to disagree with the timing suggested by Lynn Johnstone for the timing of that coffee break?

16

17

A. No, I have no reason to disagree.

18

Q. Do you have any reason to disagree with her recollection as to who was present?

19

20

A. No.

21

Q. Do I have it correctly that if Susan Nelles was at the nursing station, having regard to the fact that the only other registered nurse on 4A that night was Phyllis Trayner, Phyllis Trayner

22

23

24

25



1

2

would have been in Justin Cook's room attending
to that child in Ms. Nelles' absence?

4

A. Yes.

5

6

Q. Ms. Bell, after Justin Cook was
pronounced dead, was his room cleaned up in the normal
fashion?

7

A. No, it was not.

8

Q. Why was that?

9

10

A. We were told to leave everything
as it was.

11

Q. Who told you to do that?

12

A. Dr. Jedeikin.

13

14

Q. Was that before or after he had
taken a blood sample from Justin Cook?

15

16

17

A. It was before he had taken a
blood sample. It was right after Justin had died we
had just started to clean up the room and we were told
to leave the room as it was.

18

19

20

Q. And after Dr. Jedeikin had taken
the blood sample from Justin Cook -- I take it Dr.
Fowler was involved in that as well?

21

A. Yes.

22

23

24

25

Q. All right. And after the blood
sample had been taken and you saw Dr. Jedeikin leave the
room, were you then free to clean up the room or was it



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7

2

to be left as it was?

3

A. It was to be left as it was.

4

Q. All right. At any point that morning was the room in fact cleaned up?

5

A. Not on our shift.

6

7

Q. Do you know what happened to the syringe that Dr. Kantak had used to administer Inderal to the child just immediately prior to the Code 25?

8

9

10

A. No, I have no idea.

11

12

Q. Do you know what happened to the ampules of Inderal which you saw at the bedside?

13

A. No.

14

Q. Do you know what happened to any of the equipment or supplies that were in that room?

15

16

A. We had just started to clean up the room and we had tossed a few syringes out but that was still left in the room in the garbage, so, everything was there.

17

18

19

Q. Was it still all there when you left duty that morning?

20

21

A. I believe it was, yes.

22

23

Q. Were you aware on that Saturday night when you came in for duty or subsequently during the course of your shift that a meeting had taken

24

25



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place earlier that day at the coroner's office?

3

A. No, I was not.

4

Q. Did you subsequently become

5

aware of that?

6

A. No, not until after Susan's

7

arrest.

8

Q. As I understand it, after you left

9

duty on the morning of Sunday, March 22nd when Cook had

10

died, you did not return again to the hospital

11

until that night?

A. That's correct.

12

Q. And you worked the long night

13

shift on Sunday, March 22nd as well. Do I have that

14

correctly?

A. Yes, that's right.

15

Q. Did you have any conversation

16

either with Susan Nelles or Phyllis Trayner that

17

day concerning the death of Justin Cook or the death

18

of Allana Miller?

19

A. The conversation didn't pertain

20

to the particular children, no. But I had spoken to

21

her before I started work.

Q. I'm sorry, you spoke to whom?

22

A. To Phyllis Trayner.

23

Q. When was that?

24

25



1

2

9

A. Probably between 5 and 6

3

the evening of Sunday.

4

Q. What was the nature of the discussion?

5

6

A. She had called and said that

7

her team and herself as she understood was asked to stay home that night because of the stress of the week-

8

end and she had called to find out if the same was

9

happening for myself and my team and if I knew any

10

reasons why other than the stress reason given to her.

11

Q. Had either yourself or your team

12

to your knowledge been requested not to come into the hospital that night?

13

A. No, we came into work that night.

14

Q. Was the time when Phyllis Trayner

15

called you and told you that both she and the other

16

members of her team had been requested not to

17

come in the first time that you learned of that?

18

A. Yes.

19

Q. Did you know why they had been

20

requested not to come into work?

21

A. No, I didn't.

22

Q. Was there any discussion between

23

your telephone conversation -- I'm assuming it was a telephone conversation?

24

25



1
2
10 3 A. Yes, it was.
4 Q. Were you at home at the time?
5 A. Yes, I was.
6 Q. And she called you?
7 A. Yes.
8 Q. Was there any discussion while
9 you were speaking to her regarding the death of
10 Allana Miller or Justin Cook?
11 A. No, we didn't say anything about
12 their deaths, no.
13 Q. Was there any discussion during
14 that telephone conversation regarding Kevin Pacsai?
15 A. No.
16 Q. Regarding the involvement of the
17 coroner in Kevin Pacsai's death?
18 A. No, there wasn't.
19 Q. Was there any discussion regard-
20 ing any digoxin levels that might have been recorded
21 either on Kevin Pacsai or by that time on Allana
22 Miller?
23 A. No.
24 Q. Was there any discussion
25 regarding digoxin in the context of Justin Cook?
A. No, there wasn't.
Q. Were you aware on Sunday evening



1

11

2

when you came into work that the Metropolitan Toronto
Police were in the hospital?

4

A. No, I wasn't.

5

6

Q. Were you asked to see them at
any point during that night shift or early the next
morning?

7

8

A. No, I wasn't.

9

10

Q. Was digoxin still being treated
as a control drug still locked when you came in that
Sunday night?

11

A. Yes, it was.

12

13

Q. Were there any other special
procedures that were in place on the ward that night?

14

15

16

A. We had a number of people that
were acting as supervisors that night and they were to
stay by our side, the team leaders' side. The team
leader was not allowed to carry the keys.

17

18

Q. The keys to the narcotics
cupboard?

19

A. Yes.

20

THE COMMISSIONER: I'm sorry, the team
leader was not allowed?

21

22

THE WITNESS: That's right.

23

MS. CRONK: Q. Who was carrying the keys
to the narcotics cupboard?

24

25



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A. The supervisor.

3

Q. Was the person who was the

4

supervisor on Ward 4B your normal supervisor?

5

A. No, she wasn't.

6

Q. Was the supervisor on Ward 4A

7

the normal night supervisor?

8

A. No.

9

Q. Was anything else unusual happening

10

that evening?

11

A. The digoxin levels had been done

12

late on the Sunday, so, the digoxin was held until

13

about I believe 2 in the morning. So, we were giving

14

it late, normally we would give it at 9 p.m., this

15

night we gave it at about 1 or 2:00 in the morning.

16

It was only to be administered by myself and a

17

supervisor and she went around with me to each patient

18

and watched me give the medication to each patient.

19

Q. When you say the digoxin levels

20

had been done, were the digoxin levels generally on

21

all the patients on your ward done that night or

22

simply on specific patients for whom a level had been
ordered?

23

A. They had ordered levels on

24

everyone.

25

Q. Had that ever happened before in



1

13

2

your experience on that ward?

3

A. No.

4

Q. To your knowledge, was that
happening as well on Ward 4A that night?

5

A. Yes.

6

7

Q. And was the giving or the
administration of digoxin delayed on 4A for similar
reasons that night?

8

9

A. Yes.

10

11

12

13

Q. Were patients as well being --
I'm sorry. Were there any procedures in place that
night of which you were aware regarding patients that
were unusual except for the provisions as to when you
could administer digoxin?

14

15

16

17

18

19

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A. We normally had routine admissions
on Sunday and some of the patients that had been
admitted on Sunday were being transferred to other
wards. Other wards were calling us as to what
procedure to follow, asked for their care pre-operatively
or pre-caths. Basically patients were being shipped
off of 4 to reduce our census.

21

Q. And I take it that that was as
well very unusual.

22

A. Yes, very unusual.

23

24

25

Q. Was there any discussion that



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night while you were on duty between yourself and any of the cardiologists or between yourself and any members of your nursing team that were on duty concerning the death of Justin Cook the night previously?

A. No, there was nothing specific said about Justin Cook.

Q. Were there any discussions, specific or otherwise, concerning the death of Allana Miller and the circumstances surrounding her death?

A. No, nothing specific.

Q. Were you asked at any point that night or the next day by any of the cardiologists or any of the senior nursing representatives in the hospital to review with them the medications that had been given to Allana Miller or to Justin Cook?

A. No.

Q. Did you work the next day, Monday, March 23rd?

A. No, I did not.

Q. Why was that?

A. I had worked the Sunday night, the 22nd, so, that would take me into Monday morning. So, I would probably be asleep.

Q. Were you contacted by any representative of the Metropolitan Toronto Police



1

15

2

that day?

3

A. No, I wasn't.

4

Q. Did you know on Monday, March
23rd that the police were at the hospital?

5

A. No, I didn't.

6

7

Q. You as I understand it did,
however, attend a meeting a Elizabeth Radojewski's
house that evening?

8

9

A. Yes, I did.

10

Q. How did that come about?

11

A. I'm not sure how I found out about
the meeting, whether Mary Costello had called me.
Actually, I really don't remember how I found out but
I went to the meeting.

12

13

14

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BB/EMT/ak

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Q. Were you at the Hospital at any point on the 23rd?

4

A. No, I wasn't.

5

6

Q. Do you recall being contacted at home by anyone about the meeting?

7

A. I probably was.

8

Q. But you don't recall?

9

A. No, I don't.

10

Q. Why did you understand the meeting was being held?

11

12

13

14

15

16

17

A. Well, there was a lot of unusual things happening on the Sunday, the supervisors, the patients being transferred off the floor, the digoxin being locked up. There is a lot of unanswered questions, and I would hope that some of those answers could have been sought at this meeting.

18

Q. What did you perceive was going to be discussed at the meeting?

19

20

A. Why these things had been implemented.

21

22

Q. Do you recall who attended the meeting other than yourself?

23

24

25

A. Mary Costello was there. Liz was obviously there. It was her house. Susan



BB2

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Nelles was there. Phyllis Trayner was there. Mary Jean Halpenny was there. I believe Diane Crosswell was there as well. I can't think of anyone else right now.

Q. Do you remember whether or not Sui Scott was at the meeting?

A. I don't recall. She could have been.

Q. Was Marianne Christie there?

A. I don't know.

Q. Janet Brownless?

A. She might have been. I am not sure.

Q. When did you first hear of the meeting?

A. Some time Monday. I am not sure when.

Q. Did you alone to the meeting?

A. No, I went with Susan Nelles.

Q. Was Susan Nelles a personal friend of yours at the time?

A. She was.

Q. Was Phyllis Trayner a personal friend at the time?

A. Yes.



1

2

Q. What was discussed at the
meeting once you arrived?

4

A. Essentially that there was
a discussion about a coroner's investigation, an
inquest. None of us had been involved in any kind
of an inquest. We had questions what was involved
and what was expected of us.

8

9

Q. Did you know which child the
inquest was to concern?

10

11

A. The concern seemed to be
about Kevin Pacsai.

12

13

Q. Was that the first time that
you had heard about a coroner's investigation
concerning Kevin Pacsai?

14

15

A. Yes, it was.

16

Q. What else was discussed at
the meeting?

17

18

19

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25

A. Susan and Mary Jean had gone
over the giving of digoxin. Susan had drawn up the
digoxin and Mary Jean had double checked it with
her and they were going over the type of syringe
that she had that she recalled distinctly having
that type of syringe and that the barrel was not
out the whole way, and Mary Jean had confirmed
that that was right.



1

2

3

Q. What patient was being talked about?

4

A. Kevin Pacsai.

5

6

Q. And do you recall the type of syringe that Miss Nelles indicated that she had?

7

A. She said she had a tuberculin syringe.

8

9

Q. That is a 1 cc syringe?

10

A. Yes.

11

12

Q. And did Mary Jean Halpenny in your presence confirm that she had checked that dose of digoxin?

13

A. Yes, she had.

14

Q. What else was discussed at the meeting?

15

16

A. As we were leaving there was mention of Susan contacting the RNAO for any information that she could get about inquests or what she should do, any kind of assistance that way.

17

18

19

Q. All right. Why particularly was it suggested that Susan - I take it Susan Nelles?

20

21

A. Yes.

22

Q. Should contact the Registered Nurses' Association?

23

24

25

A. Because she was the one that



1
2 had looked after the child so if there was an inquest
3 she would be the one called.

4 Q. Was there a concern expressed
5 at that meeting regarding the digoxin levels of
6 Kevin Pacsai?

7 A. Yes, I believe there was.

8 Q. Were you aware at that meeting
9 as to what the digoxin level was of Kevin Pacsai?

10 A. No.

11 Q. Were you informed as to
12 whether or not it was elevated?

13 A. It was elevated.

14 Q. And you knew that at the
15 meeting?

16 A. Yes.

17 Q. Was it suggested that anyone
18 other than Susan Nelles should contact the Registered
19 Nurses' Association for advice?

20 A. Not that I know of. The only
21 one I overheard was Susan.

22 Q. Was there any discussion at
23 the meeting regarding any other children other
24 than Kevin Pacsai?

25 A. There was a brief discussion
of the children that had died on the weekend, but



1
2
3 it was a discussion about the weekend, the deaths,
4 and what had occurred on the Sunday as well, but
5 nothing specifically was said about those children.

6 Q. We know that Allana Miller and
7 Justin Cook both died on that weekend.

8 A. Yes.

9 Q. Was there any discussion
10 regarding the taking of blood samples from Justin
11 Cook by Dr. Jedeikin and Dr. Fowler?

12 A. No.

13 Q. Was there any discussion
14 regarding Dr. Jedeikin's behaviour following the
15 arrest of Justin Cook?

16 A. We could have said something
17 but I don't recall anything specific. I know at the
18 time he was upset after Justin Cook had died.

19 Q. Was it suggested at that
20 meeting that there might be a concern regarding
21 the digoxin level either of Allana Miller or of
22 Justin Cook?

23 A. No.

24 Q. Was there any discussion at
25 the meeting concerning Janice Estrella?

A. No.

Q. Was there any discussion at



1

2

the meeting concerning Janice Estrella?

3

A. No.

4

5

Q. Was there any discussion at
the meeting regarding the involvement of the
Metropolitan Toronto Police?

6

7

A. No.

8

Q. Was that mentioned by anyone
in your presence?

9

10

A. No.

11

Q. Was there any discussion
regarding any other children other than Kevin Pacsai
and the death of Justin Cook and the death of
Allana Miller?

12

13

14

A. No, there wasn't.

15

16

17

Q. Was there any discussion
insofar as you can now recall it regarding the
keeping of notes, the suggestion that people at
the meeting should make notes concerning the events
that happened at the Hospital?

18

19

A. It was suggested that you would
write down the things that you recall because it
was closer to the time and probably be able to
recall it easier.

20

21

22

23

Q. Do you recall who suggested
that?

24

25



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2

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A. Either Liz or Mary Costello,
I am not sure.

4

5

6

Q. Was there any discussion at
that meeting as best as you can now recall concerning
any other matter other than what you outlined?

7

A. No. I can't think of anything.

8

9

Q. What did you understand to be
the result of the meeting?

10

11

12

A. Nothing was resolved. I thought
there was going to be an inquest and that it
concerned Kevin Pacsai, but I really didn't have any
answers.

13

14

15

Q. Was that meeting, Ms. Bell,
the first time that you personally had learned that
Kevin Pacsai's digoxin level was elevated?

16

A. I believe it was, yes.

17

18

Q. In your prior experience --
THE COMMISSIONER: I'm sorry, what
was the answer to that?

19

THE WITNESS: Yes.

20

THE COMMISSIONER: Yes, it was.

21

22

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25

MS. CRONK: Q. In your prior experience
on the cardiology wards what was the highest digoxin
level that you had heard of as being reported on a
child or a patient from those wards?



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A. The highest was Janice Estrella and I thought it had been 10, but I am not sure of the number.

Q. What would you regard as a therapeutically acceptable level of digoxin in an infant?

A. Under 2.

Q. Under 2?

A. Yes.

THE COMMISSIONER: Sorry, when did you hear about Janice Estrella?

THE WITNESS: It was a couple of days after Janice had her first respiratory arrest.

THE COMMISSIONER: Oh, I see.

MS. CRONK: Q. Are you referring now to the digoxin level recorded on Janice Estrella while she was still alive?

A. Yes. Yes, I am.

Q. Had you by the meeting on Monday, March 23rd, heard of any other digoxin level that was recorded on Janice Estrella after she had died?

A. No.

Q. Did that come up at the meeting at all?



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A. No, it didn't.

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Q. On the basis of what you learned both at the meeting and what you had observed at the Hospital on those wards over the weekend, did you form any view on that Monday or reach any conclusion as to how Justin Cook, Allana Miller and Kevin Pacsai might have reached their deaths?

A. No.

Q. Did it occur to you at the time that their deaths might not have been due to natural causes?

A. Again, natural cause - they were in Hospital so it was an unnatural thing to be there.

Q. Well, did it occur to you, Ms. Bell, at that meeting in light of the information you then had that the death of any of those children might have been caused by the deliberate action of some individual?

A. No.

Q. You did tell us, however, that the evening before when you learned that Dr. Jedeikin and Dr. Fowler had taken blood samples from Justin Cook that the possible involvement of



1

2

digoxin had crossed your mind?

3

A. Yes.

4

5

Q. All right. Did it cross your
mind on Monday, March 23rd with respect to Allana
Miller as well?

6

7

A. No.

8

9

Q. You didn't put that together
at the time?

10

A. No.

11

12

13

Q. Was there a general discussion
at that meeting as well concerning the rather unusual
events on those wards on Saturday and the Sunday
night?

14

15

A. There was a general discussion
about it, yes.

16

17

18

Q. Did anyone in your presence
at the meeting suggest that the death of any of
those children other than Kevin Pacsai should perhaps
be investigated or were being investigated?

19

A. No.

20

21

22

Q. Was there any suggestion that
there might have been any untoward conduct with
respect to the death of any of those children?

23

A. No.

24

25

Q. When did you first learn of



1

2

the arrest of Susan Nelles, Ms. Bell?

3

A. It would be the Wednesday.

4

I believe that is the 25th of March.

5

Q. How did you learn of it?

6

A. Mary Costello and Liz

7

Radojewski called us into their offices in the

8

afternoon. I can't place a time. I think it was

9

around 3:00, and had informed us that Susan was
arrested.

10

Q. All right. Who was called

11

into the room other than yourself?

12

A. Mary Jean Halpenny, Yvonne

13

Lyons, Sheila Whittingham. I believe Anne Evans

14

was there. I am not sure.

15

Q. Prior to being called in to

16

meet with Miss Costello and I take it Mrs. Radojewski?

17

A. Yes.

18

Q. Had you had any discussion

with Anne Evans concerning the matter?

19

A. No.

20

Q. Before being told - I'm sorry,

21

what were you told by Mary Costello and Elizabeth

22

Radojewski at that time?

23

A. We were told that Susan Nelles

24

was arrested for murdering Justin Cook.

25



1

2

Q. Were you told anything else?

3

A. No.

4

5

Q. Prior to being told of her arrest concerning the death of Justin Cook had you had any indication that there was a police investigation into the death of some of those children on the wards?

8

9

A. No.

10

11

12

13

Q. Did you at any time prior to speaking to Mary Costello and Elizabeth Radojewski on that Wednesday afternoon learn that it was intended to arrest someone with respect to the deaths of any of those children?

14

A. No.

15

16

Q. Did you know prior to then that the police were intending to arrest Susan Nelles?

17

A. No, I didn't.

18

19

Q. You didn't even know that the police were involved at that stage?

20

A. No, I didn't.

21

22

23

24

25

Q. You told us that you were not at work on Monday, March 23rd. Were you at work on Monday, March 24th - I'm sorry, Tuesday, March 24th?



1

2

A. No, I wasn't.

3

Q. Was that a day off?

4

A. Yes, it was.

5

Q. Were you contacted by any

6

representative of the Hospital on that day and

7

requested to meet with the police?

8

A. No, I wasn't.

9

Q. Were you contacted by any

10

representative of the police on that Tuesday?

11

A. No, I wasn't.

12

Q. Were you at work on the 25th

of March?

13

A. Yes, I was.

14

Q. Wednesday?

15

A. Yes.

16

Q. That is the day that

Miss Costello and Mrs. Radojewski told you that

17

Susan Nelles had been arrested?

18

A. Yes.

19

Q. Were you asked on that day

20

to meet with the Metropolitan Toronto Police?

21

A. No.

22

Q. Was there any discussion at

23

the meeting with Miss Costello and Mrs. Radojewski

24

concerning the involvement of the police?

25



1

2

A. No, there wasn't.

3

4

Q. When did you first meet with
a representative of the Metropolitan Toronto Police
concerning these matters?

5

6

A. On Thursday.

7

Q. That would be March 26th?

8

A. Yes, it would be.

9

Q. When was that?

10

A. It was some time around 12:00
I believe, mid-day.

11

12

Q. Had you been at the Hospital
working?

13

A. Yes, I had.

14

Q. How did it come about that you
met with the police?

15

16

A. Mrs. Radojewski came up to me
and said that I had to speak with the police.

17

18

Q. Where did you meet with them?

19

A. In the administrative area on
the first floor of the Hospital?

20

Q. Who was present?

21

A. Detective John Murray and
Sgt. Sangster.

22

23

Q. Was there any other employee
of the Hospital present at that meeting other than

24

25



1
2
3 yourself?

4 A. No, just myself.

5 Q. Were there any other police
6 officers there other than the two that you have
7 just mentioned?

8 A. Just the two.

9 Q. Were you asked to bring any-
10 thing to that meeting?

11 A. No, I wasn't.

12 Q. What was discussed at the
13 meeting?

14 A. We discussed Justin Cook.
15 Just basically went over what I remembered about
16 that night and then asked if I had seen anybody
17 give digoxin to Justin or if I had given it to
18 Justin.

19 Q. What were your answers to
20 those questions?

21 A. That no, I didn't see anyone
22 give any digoxin to him and that I didn't give it.

23 Q. Were any other children
24 discussed at that meeting other than Justin Cook?

25 A. No, there wasn't.

Q. Was Justin Cook's medical
chart in the room at the time when you were there?



1

2

3

A. It could have been, but I
didn't see it.

4

5

Q. Were you asked to review it
with the officers?

6

A. No.

7

8

Q. Was it made available to you
for the purposes of the discussion?

9

A. No, it wasn't.

10

11

Q. Do you recall seeing in the
room at the time a chart on which the names of
various Hospital personnel were set out?

12

A. No, I don't.

13

Q. How long did the meeting last?

14

15

A. I am not sure. I think it
was an hour or so. I don't know.

16

17

Q. Do you recall any discussion
at that meeting regarding the arrest of Susan Nelles
for the death of Justin Cook?

18

19

A. No. There was no discussion
about that.

20

21

22

Q. Was there any discussion at the
meeting as to the nature of the investigation that
the police were conducting?

23

A. No.

24

25



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2

3

Q. What did you understand they
were investigating?

4

5

6

7

A. That they were investigating
the death of Justin Cook and they felt that
obviously that Susan had done it since they had
arrested her.

8

9

10

Q. Was there any suggestion at
that meeting that the investigation encompassed
more than the death of Justin Cook?

11

12

A. No.

13

14

Q. Did you ask them what they
were investigating at the meeting?

15

16

A. No, I didn't.

17

18

19

20

21

Q. Was there any discussion
at that meeting as best as you can now recall it
regarding the concept of constant nursing care?

22

23

A. I don't think so. I don't
know. It would be in my statement.

24

25

Q. Were you asked any questions
at that meeting regarding the attendances of various
Hospital personnel on the cardiology wards over the
prior weekend?

A. The number of people that would
be on the ward?

Q. Yes.



1

2

A. No.

3

4

Q. Were you asked any questions
specifically with respect to the nurses?

5

A. No.

6

Q. With respect to any doctors?

7

A. No.

8

9

Q. Do you recall any general
discussion concerning who would have had access to
the cardiology wards at night?

10

A. No.

11

12

13

14

Q. Did you tell the officers
at that meeting on Thursday that there had been
a meeting at Elizabeth Radojewski's house on the
Monday evening?

15

A. No, I didn't.

16

Q. Can you tell me why not?

17

A. It never came to my mind.

18

THE COMMISSIONER: I'm sorry, I
didn't hear that.

19

20

THE WITNESS: It never came to my
mind.

21

22

23

MS. CRONK: Q. Did you have any
discussion with the police on Thursday regarding
Allana Miller's death?

24

A. On the Thursday?

25



1

2

Q. Yes.

3

A. No.

4

Q. Were you asked any questions

5

then about Allana Miller's death?

6

A. No, I didn't.

7

Q. Were you asked any questions

8

at all at that meeting on Thursday with respect

9

to Phyllis Trayner?

10

A. No.

11

Q. Or with respect to Susan

Nelles?

12

A. Other than whether I had seen

13

her give digoxin. That was the only question.

14

Q. Were you asked to review

15

with the officers the various medications that had

16

been recorded as having been administered to Justin

17

Cook prior to his death?

18

19

20

21

22

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CC
DM/PS

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A. We hadn't gone over the medications, no.

Q. Did you at the conclusion of the meeting ask the officers any questions regarding their presence in the hospital, or the charge that had been laid against Susan Nelles?

A. No, I didn't.

Q. When did you next meet with the Metropolitan Toronto Police?

A. It was April 24th of 1981.

Q. And where did that meeting take place?

A. That took place in the hospital as well, in the same area.

Q. How did that come about?

A. It was arranged for me to speak with them again.

Q. Had you been asked in advance to meet with them?

A. It was arranged by someone in the hospital, I don't remember who.

Q. What was the purpose of that meeting?

A. That meeting was to go over Allana Miller.



1

2

2

Q. Who was present at the meeting?

3

A. John Murray was there.

4

Q. Do you recall when the meeting started?

5

6

A. In the morning, it was a fairly short meeting, somewhere around 10:00.

7

8

Q. Do you recall how long it lasted, you said it was short, ten minutes, half an hour, an hour?

9

10

A. About 30 to 40 minutes, I believe.

11

12

Q. Were you asked to bring anything with you to that meeting?

13

A. No, I wasn't.

14

Q. Was Allana Miller's medical chart in the room?

15

16

A. It could have been but I didn't see it.

17

18

Q. Did you make reference to it at all, or review it during the course of that meeting?

19

A. No, I didn't.

20

Q. Were you asked to?

21

A. No, I wasn't.

22

Q. Were you asked to review with the officers who were there the various medications that Allana Miller was recorded as having received prior

23

24

25



1

2

to her death?

3

A. No.

4

Q. Did you tell Constable

5

Murray at that meeting that you had seen Phyllis

6

Trayner administering the medication into the

7

buretrol of Allana Miller, as you have told us today?

8

A. No, I don't believe I did.

9

Q. Can you tell me why you didn't?

10

A. I didn't think of it.

11

Q. Did you have any discussion at

12

all regarding the various medications and drugs that
had been given to that child?

13

A. No, there was no discussion.

14

Q. Was there any discussion regard-

15

ing digoxin at that meeting?

16

A. No.

17

Q. No discussion at all regarding

18

digoxin?

19

A. Other than the questions they

20

had asked before, whether I had seen Susan give this
child digoxin or whether I had.

21

THE COMMISSIONER: Just a moment, now.

22

The only thing they said about digoxin was whether
you had seen Susan Nelles administering it?

23

THE WITNESS: Yes.

24

25



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4

Q. And what did you tell them?

3

A. That I had not seen her giving

4

it to her, no.

5

Q. Were you asked whether any other

6

individual had administered any medication to that
child?

7

A. They had asked if I had, or if

8

anybody else, I believe so, yes.

9

THE COMMISSIONER: I just want to know,

10

I want to know what it was that they asked, they asked --

11

did they ask about the digoxin, or did they ask about

12

anything?

13

THE WITNESS: They asked about digoxin.

14

THE COMMISSIONER: They asked if you or

anyone else?

15

THE WITNESS: Yes.

16

THE COMMISSIONER: What did you say?

17

THE WITNESS: I said no.

18

Q. Did they ask you as well, Ms.

19

Bell, whether you had seen any individual giving any

20

medication to that child?

21

A. I think they did, I'm not sure.

22

Q. Do you recall what you said?

23

A. I said, no.

24

Q. You had in fact, as you have told

25



us, seen Phyllis Trayner administer medication into
Allana Miller's buretrol?

A. Yes.

Q. At approximately midnight, is
that correct?

A. Right.

Q. Did you tell the police that?

A. No, I didn't.

Q. Did it occur to you that perhaps
you should, having regard to the nature of the discussion
that day?

A. I didn't connect the two; they
had asked about digoxin, no, I hadn't even thought of it
at that point.

Q. Was there any other matter dis-
cussed at that meeting other than what you have thus
described?

A. I had asked if they were still
investigating other possibilities as to other suspects.
I felt there was a concern on the ward for the children
that were still on the ward, if this could happen
again. The reason I asked was I didn't feel Susan was
on for Janice Estrella's death.

THE COMMISSIONER: I'm sorry. Would
you say that again, please, what was it?



1

2

THE WITNESS: I had a concern for the children that were still on the ward.

4

THE COMMISSIONER: Yes.

5

THE WITNESS: And I couldn't recall Susan being present when Janice Estrella had died.

6

7

Q. Was there anyone else in the room other than Constable Murray when you were asked that question?

8

9

A. No.

10

11

Q. And what was Constable Murray's response?

12

13

THE COMMISSIONER: Just a moment, before we get to that, why did Janice Estrella come up in this conversation at all?

14

15

THE WITNESS: Susan had been arrested, or had been charged further for --

16

17

THE COMMISSIONER: Oh, I see, you were aware of the fact that she had been charged with the four at that time.

18

19

THE WITNESS: Yes, I was.

20

THE COMMISSIONER: I'm sorry, Ms. Cronk. Yes.

21

22

Q. Prior to your raising the matter with Constable Murray, had there been any discussion concerning any child other than Allana Miller at that

23

24

25



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7

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meeting?

3

A. No.

4

Q. What did Constable Murray tell

5

you when you asked him whether or not they were investigating other suspects, was that your language?

6

A. I could have said that.

7

Q. Do you recall what you did say?

8

A. I had asked him if there was

9

any further investigation as to looking at other possibilities other than Susan.

10

11

Q. And what was the response?

12

A. That I would be surprised at

13

the evidence they had.

14

Q. Did Constable Murray inform you

15

as to the nature of the evidence they had?

16

A. No, he did not.

17

Q. Did you ask him what he

18

meant by that remark?

19

A. No, I didn't.

20

Q. How did Janice Estrella's name

21

come up in the conversation?

22

A. That was my own, thinking that

23

Janice -- that Susan had not been on when Janice Estrella had died.

24

Q. Did you tell Constable Murray

25



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that?

3

4

A. I had at one point, but I don't
know whether it was this meeting or not.

5

6

THE COMMISSIONER: I'm sorry, you are
dropping your voice, what was the last thing you said?

7

8

THE WITNESS: I had told him about
Janice Estrella, but I am not sure if it was this
meeting or the next meeting, about Janice specifically.

9

10

THE COMMISSIONER: What do you mean by
you told him, you told him what?

11

12

THE WITNESS: That Susan was not present
when Janice Estrella had died.

13

14

Q. And you do not recall whether
you said that at this meeting on April 24th to
Constable Murray?

15

16

17

18

19

20

A. Right.

21

22

Q. It is possible that you did?

23

24

25

A. I could have, yes.

Q. Do you recall -- is there any
doubt in your own mind that you did raise that matter
with the police at some stage?

A. Yes, I did.

Q. Was it with Constable Murray,
or was it with someone else?

A. It could have been with someone



1

2

else.

3

4

Q. Dealing simply with the
April 24th meeting, then.

5

A. Okay.

6

7

Q. Was there any other discussion
between Constable Murray and yourself regarding the
charges that had been laid against Susan Nelles?

8

9

10

A. Just to the effect that he had
said that we would be surprised at the evidence that
they had.

11

12

Q. Was there anything else said
with respect to the charges that had been laid?

13

A. No.

14

15

Q. Were you asked any questions
about that meeting, at that meeting about any other
member of the nursing staff?

16

A. No.

17

18

19

Q. No questions about Susan Trayner,
Sui Scott, Marianna Christie or Janet
Brownless?

20

A. No, no.

21

22

Q. Do you recall any discussions
at that meeting generally with respect to who might
have had access to those wards at night?

23

24

25

A. No, there was no discussion about



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that.

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Q. Any discussion as to who in fact had access and had been on the wards on Friday, March 20th and Saturday, March 21st, at night?

A. No.

Q. Do you recall any other matters being discussed at all at that meeting?

A. No.

Q. When you say that the death of Allana Miller was discussed, what specifically was the nature of your discussion with Constable Murray?

A. Just the events that I had gone over earlier with you, about my going in to check Allana and what had happened during the arrest, who was present at the arrest. Just basically what happened throughout the night since I had started the shift until the end of the shift.

Q. Were you asked at any point at that meeting to review Allana Miller's chart with the police, be it at that time or subsequent?

A. No, I didn't review the chart with them, no.

Q. Were you asked to then or at a later date?



Bell

dr. ex. (Cronk)

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2

A. At a later date.

3

Q. When did you next meet with the

4

police after April 24th?

5

A. May 20th.

6

Q. I am sorry?

7

A. May 20th of 1981.

8

Q. Where was the meeting held?

9

A. At the hospital again.

10

Q. Do you recall what time of day
or night?

11

A. I am not sure, no.

12

THE COMMISSIONER: What date was this,
have you established the date?

13

MS. CRONK: May 20th, sir, 1981.

14

THE COMMISSIONER: Thank you.

15

Q. Who was present at that meeting,

16

Ms. Bell?

17

A. I can't recall exactly who was

18

there but the statement has Sergeant Warr.

19

THE COMMISSIONER: Sergeant Warr?

20

MS. CRONK: I'm sorry, sir?

21

THE COMMISSIONER: Did you say Sergeant
Warr?

22

THE WITNESS: Yes.

23

THE COMMISSIONER: Alone?

24

25



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THE WITNESS: Yes.

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THE COMMISSIONER: Was he the only

4

policeman?

5

THE WITNESS: Yes.

6

Q. Ms. Bell, if you could perhaps

7

lean forward to the microphone just a bit and speak
up.

8

A. Okay.

9

Q. Were there any other nurses

10

present at the meeting, other than yourself?

11

A. No, none.

12

Q. What was discussed at this

13

meeting?

14

A. We discussed Janice Estrella.

15

Q. And when you say you discussed

16

Janice Estrella, what did you tell the officer then
about Janice Estrella?

17

A. Basically what had happened

18

again from the time I had started my shift until I

19

got off, or the time of Janice Estrella's arrest and

20

what -- the occurrences I had seen going on.

21

Q. Were the Ward 4A/4B assignment

22

books in the room during this meeting?

23

A. No.

24

Q. Did you have any discussion

25



1

13

2

regarding which nurses had been on duty that night?

3

4

5

A. I believe this is the night that I brought up I didn't feel Susan was there at the time that Janice had arrested.

6

7

Q. Is that based on your recollection, or did you have the sheets for the wards or the assignment books handed to you?

8

9

A. No, that was just based on my recollection.

10

11

Q. What did Sergeant Warr respond when you indicated that?

12

A. There was no response.

13

14

Q. Was it your impression that he knew that, or that it came as a surprise?

15

A. I don't know.

16

17

18

Q. Was there any discussion other than that with respect to who else had been on the ward that night of Janice Estrella's death, other than with respect to Susan Nelles?

19

A. No, nothing.

20

21

Q. Were you asked any questions regarding any specific nurse or nurses at the meeting?

22

A. No.

23

24

25

Q. Were you asked to review with Sergeant Warr the medications that child was reported



1

14

2

as having received?

3

A. No.

4

Q. Were you asked to discuss with him at that time the medications generally that you knew Janice Estrella had received?

5

6

A. No.

7

8

Q. Do you recall being asked any other questions at the meeting at all?

9

A. No.

10

Q. How long did that meeting last?

11

A. 25 minutes.

12

Q. Was there any discussion at that meeting regarding Janice Estrella's I.V. line?

13

A. No, there wasn't.

14

15

Q. Do you remember at any point discussing with any representative of the police the fact that her I.V. had gone interstitial during the evening at 4:45 p.m. and then later at 6:00?

16

17

18

A. No.

19

Q. Were you ever asked any questions with respect to her I.V. apparatus?

20

A. No, I wasn't.

21

22

Q. Did you have any discussion at that meeting concerning Allana Miller or Justin Cook?

23

A. No.

24

25



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15

2

Q. Did you tell Sergeant Warr at that

3

meeting the events that had transpired during the evening

4

that Allana Miller had died?

5

A. No, I didn't discuss Allana

6

Miller.

7

Q. Were you ever asked to meet with

8

the police to discuss the death of Kevin Pacsai?

9

A. No.

10

Q. Did you ever discuss it with

11

them?

12

A. No, I didn't.

13

Q. It is my understanding that you

14

testified as a witness in the preliminary hearing

15

involving Susan Nelles.

16

A. Yes.

17

Q. And if I suggest that you testified

18

on the 1st of February, 1982, does that accord with

19

your recollection?

20

A. Yes, it does.

21

Q. Prior to that time and after

22

the meeting that you had with Sergeant Warr on May 20th,

23

1981, did you at any time again meet with any

24

representative of the Metropolitan Toronto Police force?

25

A. No, I didn't.

Q. Did you meet the morning of the



1
16 2 preliminary hearing before testifying, with representa-
3 tives of the Metropolitan Toronto Police force?
4 A. A short time before, yes.
5 Q. What time of day was that?
6 A. Well, the preliminary started at
7 10 and I had gotten there shortly before 10, and he
8 asked if I wanted to go over my previous statement.
9 Q. I'm sorry, who is he?
10 A. John Murray.
11 Q. That is Constable Murray?
12 A. Yes.
13 Q. Was he at the court house?
14 A. Yes, he was.
15 Q. What did he ask you?
16 A. He asked if I wanted to go over
17 my statements that I had made previously and I said
18 yes. He got them for me, and I just started to review
19 them as I was sitting in the corridor.
20 Q. At any time from March 23rd
21 forward until the day you gave evidence in the
22 preliminary hearing, had you had an opportunity to
23 review the medical charts of Justin Cook, Janice
24 Estrella, Allana Miller or Kevin Pacsai?
25 A. No.
Q. Did you that morning before



1
17 2 testifying at the preliminary hearing?
3 A. No, I didn't.
4 Q. Before testifying at the
5 preliminary hearing, had you ever met with any of the
6 Crown attorneys who were involved in the case?
7 A. No, I didn't..
8 Q. Had you been requested to?
9 A. No.
10 Q. Did you have any discussion with
11 them before you actually gave your evidence at the
12 preliminary hearing?
13 A. No, I didn't.
14 Q. Did you have any discussion with
15 them after you had given your evidence at the preliminary
16 hearing?
17 A. No, none.
18 Q. After testifying at the preliminary
19 hearing, I take it it was just that day?
20 A. It went into another day.
21 Q. That day and the next?
22 A. I believe it was just before
23 the weekend so I came back on the Monday.
24 Q. After having given your evidence
25 at the preliminary hearing, did you meet again with
any representative of the Metropolitan Toronto



1
2
18 2 Police force before Susan Nelles was discharged at
3 the preliminary hearing?
4 A. I had had a phone call from a
5 police officer.
6 Q. Do you recall when that was?
7 A. It was about a month later, the
8 hearing was still going on, I believe.
9 Q. I am sorry, a month after what?
10 A. After I had testified.
11 Q. So that would place it some time
12 in March?
13 A. Yes.
14 Q. And who called you?
15 A. I don't know.
16 Q. What was the nature of the dis-
17 cussion?
18 A. It was to ask me if I would go
19 over more charts that they felt other children were
20 involved, and to go over a number of charts.
21 Q. And you don't recall who called
22 you?
23 A. No, I don't.
24 Q. You say you were requested to go
25 over more charts, had you been requested prior to the
chart to review any chart?



1

19

2

A. No.

3

Q. This was the first time you had

4

been asked to review charts?

5

A. Yes.

6

Q. Were you told which charts you

7

were being asked to review?

8

A. No, not specifically.

9

Q. Were you told the investigation

10

was being broadened, is that what I understood you to say?

11

A. Yes.

12

Q. What did you understand was

13

then being investigated?

14

A. Other children.

15

Q. Do you know which ones?

16

A. No, I didn't.

17

Q. Did you ask which ones?

18

A. No, I didn't.

19

Q. Did you ask why?

20

A. No.

21

Q. Did you agree to review those

charts?

22

A. No, I didn't.

23

Q. Can I ask you why not?

24

A. I felt that I had been at the

25



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Bell
dr. ex. (Cronk)

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1
20 2 preliminary hearing and that was what was under
3 investigation and I wasn't really given a reason as
4 to why I had to go over more charts.

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Q. How long did that telephone conversation last?

A. Three minutes.

Q. Were you at home or at the Hospital when you received the call?

A. I was at home.

Q. Other than that telephone discussion did you have any other contact with any representative of the Metropolitan Toronto Police or any of the involved Crown Attorneys from the time that you testified at the preliminary hearing until the time that Susan Nelles was discharged?

A. No.

Q. At any time continuing to today, had you ever told any representative of the police, Ms. Bell, that you had seen --

THE COMMISSIONER: The Metropolitan Toronto Police.

MS. CRONK: The Metropolitan Toronto Police, I'm sorry.

Q. Had you ever told any representative of the Metropolitan Toronto Police including until today that you had seen Phyllis Trayner administering a medication by use of a syringe and needle into the buretrol of Allana



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Miller?

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A. I had said something at the preliminary hearing but, no, I didn't say anything to the police, no.

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Q. I'm sorry?

THE COMMISSIONER: I'm sorry, you said something at the preliminary hearing about that?

THE WITNESS: Yes.

MS. CRONK: Q. Do you recall testifying at the preliminary hearing concerning observing Phyllis Trayner administering a medication?

A. Yes.

Q. Do you recall testifying at that time as to the time at which you had seen her administering the medication?

A. I don't recall right now but I could have.

Q. Well, after your testimony at the preliminary hearing were you asked any further questions with respect to that part of your evidence either by representatives of the Metropolitan Toronto Police or by the Crown Attorneys?

A. No.

THE COMMISSIONER: Well, I am pursuing this further. I just really want to know whether



1
DD3 2 what you told at the preliminary inquiry, and I
3 take it --

4 MS. CRONK: Well, perhaps Ms. Bell
5 can help me with that while we are checking it, sir,
6 because I had not been aware that reference had been
7 made.

8 MR. HUNT: It is page 1597 and it is
9 about line 15 but beginning at line 10 there is the
10 question.

11 "Q. Did you ever give her anything,
12 ever feed her anything?"

13 "A. No."

14 "Q. Did you ever give her any
15 medication?"

16 "A. No."

17 "Q. Did you see anybody else
18 feeding her or giving her medication?"

19 "A. No."

20 MS. CRONK: All right.

21 Q. And to continue, Ms. Bell:

22 "Q. Was she on an intravenous
23 tube?"

24 "A. Yes."

25 "Q. And you don't recall how many
times you went in there?"



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2

"A. No."

3

"Q. You said you saw Phyllis

4

Trayner in there on one occasion. Did
you see any other nurse in there?"

5

"A. No."

6

7

Now, I confess immediately, Ms. Bell,
that I am not familiar with any passage from the
transcript of your evidence at the preliminary hearing
wherein it was indicated that you had seen Phyllis
Trayner administering a medication into the buretrol
of Allana Miller. Is it your evidence today that
you did so testify at the preliminary hearing?

8

9

10

11

12

13

A. In going over my evidence at
the preliminary hearing I believe I read where I did
say that I saw Phyllis give a medication to Allana
Miller.

14

15

16

17

18

Q. All right. Well, is there a
reference to the giving of medications other than
that that Mr. Hunt has just pointed out to you?

19

A. I think there is.

20

21

Q. Well, the transcript will
confirm or provide us with that information.

22

THE COMMISSIONER: I take it you have
a copy of the transcript, have you?

23

24

25

THE WITNESS: Yes, I do.



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THE COMMISSIONER: Perhaps either at the break or if we haven't time at the break over-night you could read it, would you?

THE WITNESS: Yes.

THE COMMISSIONER: So that you could tell us tomorrow morning about it.

THE WITNESS: Yes.

MS. CRONK: Thank you, Ms. Bell.

Q. Ms. Bell, just on that matter, that is your testimony and your exposure to Allana Miller before she died, you told me earlier this morning that you saw her for the first time between 9:00 and 9:30 in the evening as best you can recall it on March 20th. Do I have that correctly?

A. Right.

Q. And you told me as well that you saw her again within one hour of the first occasion and that it was before midnight. Do I have that correctly?

A. Correct.

Q. And on neither of those occasions when you entered that child's room was anyone else present?

A. That's right.

Q. And you told me as well that



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you saw the child again a third time and it was on this occasion as I understood your evidence that you observed Phyllis Trayner administering a medication into her buretrol. Do I have that correctly?

A. Yes.

Q. Was there anyone else in the room other than Phyllis Trayner at that time?

A. While she was giving the medication?

Q. Yes.

A. No.

Q. Did you, yourself, enter the room?

A. I was near the doorway. I didn't go right up to the bed.

Q. Did you have any discussion with Phyllis Trayner at that time? Did you speak with her?

A. Oh, I did, yes.

Q. She knew you were there?

A. Oh, yes.

Q. But you, yourself, didn't go into the room?

A. I was inside the room but not right at the bedside, yes.



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Q. Did you on this occasion
assist Phyllis Trayner in settling the child down?

A. I believe the child, she was
pretty settled. She was just administering the
medication and she was settled. No, I don't think I
did.

Q. Do you recall at any point
that evening having assisted Phyllis Trayner in
settling down Allana Miller?

A. No, I don't recall.

Q. You told me this morning as
I understood it that the only time you saw Phyllis
Trayner in Allana Miller's room with the exception of
the arrest itself was on that occasion when you saw
her administering a medication into her buretrol.
Do I have that correctly?

A. Phyllis alone?

Q. Yes.

A. Yes.

Q. Do you recall being inter-
viewed specifically with respect to Allana Miller
as you have told us you were by representatives of
the Metropolitan Toronto Police on April 24, 1981?

A. Yes.

Q. And it was at that meeting



Bell
dr.ex. (Cronk)

DD8

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that Allana Miller was discussed in some detail?

3

A. Yes.

4

Q. Do you recall telling the

5

police at that time that on one of the occasions when

6

you entered that patient's room Phyllis Trayner was

7

present and that you had assisted her in trying to

8

settle the child down?

9

A. I could have, yes.

10

Q. Well, do you today have any

11

recollection of having seen Phyllis Trayner in that

12

child's room at any time other than the time when she

13

was administered the medication as you have

14

described it?

15

A. I recall the time that I went
in and she was administering the medication. I could
have helped her to settle Allana at another time.

16

Q. Well, I'm sorry, Ms. Bell,

17

just so that I understand this. I thought that when

18

you saw Ms. Trayner administer the medication you

19

were near the door but you did not enter the room;

20

is that correct?

21

A. When I saw her administer the
medication?

22

Q. Yes.

23

A. Right.

24

25



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Q. All right. You didn't enter
the room on that occasion at all?

3

4

A. No, not that occasion.

5

Q. Was there another occasion

when you saw Phyllis Trayner alone in the room with
Allana Miller?

6

7

A. I saw her in there with Susan;

8

whether I was referring to that time or not, I am
not sure now.

9

10

Q. Well, you also told me this

11

morning that later after you had seen Phyllis Trayner
administering that medication you saw both Phyllis
Trayner and Susan Nelles in the room with the baby
and they were suctioning her.

12

13

14

A. Right.

15

Q. And that you told me was very

16

close to the time when Dr. Soulioti was called.

17

A. Right.

18

Q. And very close to the calling

19

of the Code 25.

20

A. Right.

21

Q. Did you on that occasion enter

22

the room and assist Phyllis Trayner in trying to
settle the baby down?

23

A. We were trying to settle the

24

child, yes.

25



Bell
dr.ex. (Cronk)

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Q. Was there any other occasion other than the one that you have told us about when you recall seeing Phyllis Trayner alone in the room with that child before her death?

A. Not that I recall, no.

Q. Do you recall any occasion when you entered the room when the child had been vomiting?

A. No. The child had at one point she had coughed but she hadn't vomited, no.

Q. Well, you told us that you were in the room yourself alone with the child on two occasions as you recall it before you stood by the room and saw Phyllis Trayner administering that medication?

A. At least two occasions, right.

Q. And possibly more?

A. Yes.

Q. On any of those occasions when you were alone in the room with the child, did she vomit in your presence or had she vomited before you entered the room?

A. She had a lot of mucous and she was coughing mucous. So, she was hard to settle. I guess you could say -- well, no, she was just



1
DD11 2 coughing mucous.

3 Q. Is it possible that you were
4 in the room on more than two or three occasions
5 before you saw Phyllis Trayner administering that
6 medication?

7 A. It is possible, yes.

8 Q. And is it possible that you
9 were in the room several times after that before the
10 child arrested?

11 A. I don't know about several
12 times, but at least once.

13 Q. But after you had seen her
14 administering the medication and before the child
15 arrested?

16 A. It could have been, yes.

17 Q. But you don't have any specific
18 recollection?

19 A. No, I don't.

20 Q. All right. One final question,
21 Ms. Bell, if you could, please.

22 If one as a Registered Nurse wished
23 to administer gentamicin to a patient who is on an
24 intravenous line, how would you go about that?

25 A. You would inject that into the
buretrol.



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Ddl12

Q. Is it a pre-mixed drug?

3

A. It is. It comes liquid form.

4

THE COMMISSIONER: I'm sorry, you put
it in the buretrol?

5

THE WITNESS: Yes, you do.

6

7

MS. CRONK: Q. Is there ever an
occasion when gentamicin would be injected or inserted
into the IV bag on the IV apparatus?

8

9

A. No.

10

11

THE COMMISSIONER: I'm sorry, you put
it in the buretrol. How do you put it in? What do
you use?

12

13

THE WITNESS: You use a needle and
a syringe and there is a stopper at the top of the
buretrol and you inject it into that.

14

15

16

MS. CRONK: Those are all my questions.
Thank you very much, Ms. Bell.

17

18

THE COMMISSIONER: Yes, Miss Kitely,
do you want to start now?

19

20

MS. KITELY: I would prefer to wait
until after the break, sir.

21

22

THE COMMISSIONER: Yes. All right.
Well, we will take -- yes, Mr. Olah?

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MR. OLAH: I have a problem tomorrow.
I have spoken to several of my friends and it may be



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that I won't be reached tomorrow but in the event I am, may I have some assistance in going Thursday rather than tomorrow, sir?

THE COMMISSIONER: Well, I would think so. I don't think we are going to be in any trouble. I won't guarantee it but if I were a betting man I would certainly think you have nothing to worry about. But if we were to come to the end I wouldn't hold the witness here.

MR. OLAH: I understand that. I don't think that is very likely.

THE COMMISSIONER: But there is no problem if everybody is willing to put you at the end if need be.

MR. OLAH: Thank you. I just thought I would alert you to my problem.

THE COMMISSIONER: Yes. All right. Well, that has given you another couple of minutes, Miss Kately. Now you would like to break off?

MS. KATELY: I think it would be easier if we started right after the break, sir.

THE COMMISSIONER: Well, 20 minutes then.

MS. KATELY: Thank you, sir.

--- recess.



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--- on resuming.

THE COMMISSIONER: Yes, Miss Kitely.

MS. KITELY: Thank you, sir.

EXAMINATION BY MS. KITELY:

Q. Before the break, Mrs. Bell, you were being asked about what evidence you gave at the preliminary. You indicated that you thought you had given some evidence about seeing Phyllis Trayner administer medication. Is that correct?

A. That is correct.

Q. I am going to read from Volume 7 at page 1660 of the evidence of the preliminary inquiry.

MR. BROWN: I'm sorry, Miss Kitely, what page?

MS. KITELY: 1660.

THE COMMISSIONER: 1616?

MS. KITELY: 1660. This is the cross-examination of Mrs. Bell by Mr. Cooper, and starting, sir, at about line 6. The question is:

"Q. Right. At one point Phyllis Trayner gave gentamicin to Allana Miller and that could be expected having regard to Susan Nelles' pre-occupation with Cook?"



Bell
ex. (Kitley)

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"A. Yes."

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Now, was that the passage that you
were referring to earlier?

5

A. Yes, it was.

6

7

Q. And did you know for sure
that there was gentamicin that was given?

8

A. I didn't know for sure, no.

9

10

11

12

13

Q. Having seen Phyllis Trayner
administer it into the buretrol and knowing that --

MR. HUNT: If I may for a moment,
Mr. Commissioner, the question that was raised before
the break is not the same as the one my friend is
now addressing herself to.

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The question that Miss Cronk asked
was whether she had testified at the preliminary
hearing that she saw Phyllis Trayner administering
some medication in the buretrol and she has testi-
fied here. The answer that was directly responsive
to that was read to her at 1597.

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Now the question that is at 1660
that is being put here, first of all, it is a two-
part statement by the cross-examinaning counsel
stating that at one point Phyllis Trayner gave
gentamicin to Allana Miller, statement No. 1, and
statement No. 2, "that could be expected having



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regard to Susan Nelles' preoccupation with Cook;
A. Yes."

Now, Phyllis Trayner testified at
the preliminary hearing that at one o'clock she
gave gentamicin to Allana Miller.

THE COMMISSIONER: That is the one
that is recorded at 1:30 in the medication sheet.

MR. HUNT: Yes. And that is what that
is in reference to right here. For my friend to
suggest that that answer "Yes" is responsive --

THE COMMISSIONER: I think I am going
to leave that for you to cross-examine on.

MR. HUNT: Sure.

MS. KITLEY: Mr. Commissioner --

THE COMMISSIONER: But one of the
problems is if you seek to get me to take it seriously,
you really can't lead quite as blatantly as that. You
have to give her some opportunity to point to it
herself and to explain how it came about.

MS. KITLEY: Well, Mr. Commissioner--

THE COMMISSIONER: If you just simply
say something like this and then expect me to take
that seriously as an indication of what she told us,
because it certainly is not expressed in the same
manner.



Bell
ex. (Kitely)

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MS. KITELY: Mr. Commissioner, the question that I put to her after I read the question and the answer was: Is that what you were referring to when you were speaking with Miss Cronk earlier?

THE COMMISSIONER: Well --

MS. KITELY: And she said earlier that she thought she had given some evidence on that point, and in fact that passage indicates that she did give some evidence.

THE COMMISSIONER: Yes. All right. All right, Miss Kitely, I have merely expressed my opinion.

MS. KITELY: Thank you, sir.

THE COMMISSIONER: All right. Your answer is that that is what you were referring to. Is that right?

THE WITNESS: Yes, it is.

THE COMMISSIONER: Yes. All right.

MS. KITELY: Thank you, sir.

Q. And you gave evidence earlier to Miss Cronk that you weren't positive what was in the syringe but you thought it was gentamicin?

THE COMMISSIONER: I don't remember that statement. Was that evidence given?

MS. KITELY: I thought it was, sir, but



Bell
ex. (Kitley)

EE5

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I will approach it differently.

3

THE COMMISSIONER: Maybe it was.

4

MS. KITLEY: I will approach it
differently so there is not a problem, sir.

5

6

Q. Was there anything which led
you to believe that what was in that syringe - we
are talking still about Miller - was gentamicin?

7

8

A. I thought it was an anti-
biotic and gentamicin is an antibiotic.

9

10

Q. And why did you think it was
an antibiotic?

11

12

A. Because it was injected into
the buretrol, and generally we inject antibiotics
into the buretrol to run over a period of time.

13

14

Q. Miss Cronk asked you earlier
whether you had looked at any charts of babies from
the Hospital. Did you eventually do so?

15

16

17

A. I did.

18

Q. Would you tell us when that
was.

19

20

A. I believe it was not until
August.

21

22

Q. Of which year?

23

A. Of 1981.

24

Q. 1981?

25



EE6

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A. 1981.

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THE COMMISSIONER: Just a moment now.

4

When was the request?

5

THE WITNESS: Or '82, I'm sorry.

6

MS. KITELY: Actually, I think, sir,

7

the question was whether between the period of

8

March 23, 1981 and February 1, 1982 Mrs. Bell had reviewed the charts and her answer was no.

9

THE COMMISSIONER: Well, she was

10

asked by the police, by an unnamed policeman to

11

review them and she declined. I am trying to find that.

12

THE WITNESS: That was during the

13

preliminary hearing.

14

MS. KITELY: It was between the --

15

THE COMMISSIONER: Yes, the preliminary

16

hearing was?

17

THE WITNESS: Was March of '82.

18

THE COMMISSIONER: Well, it was a

19

considerable period. It started in March -- in February, I think, didn't it?

20

THE WITNESS: Well, I appeared in

21

February.

22

THE COMMISSIONER: Yes. And it

23

went on until May?

24

25



EE7

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THE WITNESS: Yes.

3

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THE COMMISSIONER: Well now let's
get this 1981-1982 thing. When was it you did
actually review the charts?

5

6

THE WITNESS: Not until 1982.

7

THE COMMISSIONER: What month?

8

THE WITNESS: In August.

9

MR. KITELY: Q. Was that done at the
Hospital?

10

A. Yes, it was.

11

12

Q. Do you know how many charts
you looked at?

13

A. I don't know the exact number
but there was about 40.

14

15

16

THE COMMISSIONER: Are you going to
ask her why she reviewed the charts, Miss Kitely,
or not? You don't have to.

17

MS. KITELY: I planned not to, sir.

18

19

THE COMMISSIONER: Well, perhaps --
you don't have to.

20

21

MS. KITELY: I think it was built into
the question but I will take the next step if you
wish.

22

THE COMMISSIONER: All right.

23

24

25

MS. KITELY: Q. Why did you look at



EE8

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the charts, Mrs. Bell?

3

4

A. It was upon police request
that I do so.

5

6

THE COMMISSIONER: I'm sorry, at
whose request?

7

THE WITNESS: The police.

8

MS. KITELY: Q. Over what period of
time did you examine these charts?

9

10

11

12

THE COMMISSIONER: I wonder if we
could just ask why the change of heart? Why did
you decide to do it in August 1982 when you declined
in April of 1981 or whenever it was?

13

14

15

16

17

THE WITNESS: By then the investigation
as to the number of children involved had broadened.
I knew that they were investigating more children
than the four that Susan was arrested on, and it was
also arranged through the Hospital that I speak with
the police as well.

18

19

20

THE COMMISSIONER: Well, had you
taken advice from the Hospital before when you
declined the police's request?

21

22

THE WITNESS: No, I hadn't. They
had called me at home just after -- about a month
after the preliminary.

23

24

25

THE COMMISSIONER: When you say "they",



1

EE9 2 are you referring to this unnamed policeman?

3

THE WITNESS: Yes.

4

THE COMMISSIONER: And you said no?

5

THE WITNESS: I said no.

6

THE COMMISSIONER: On your own?

7

THE WITNESS: Yes.

8

THE COMMISSIONER: And then the
Hospital apparently arranged for you to discuss
this matter with the police?

9

10

THE WITNESS: Yes.

11

THE COMMISSIONER: To review the
charts?

12

THE WITNESS: Yes.

13

THE COMMISSIONER: All right. I see.

14

MS. KITELY: Q. Over what period

15

of time did you review the charts?

16

A. It was a very short span of
time. About two hours.

17

18

Q. Was that all in one day or
more than one occasion?

19

A. It was just in one afternoon.

20

Q. And was that at the Hospital?

21

A. Yes, it was.

22

Q. Moving on to another topic

23

now and in response to several questions by Miss

24

25



EE10

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Cronk you indicated that you personally had generally not spoken to the cardiologists about the number of deaths or the causes of death. Is that accurate?

A. That is right.

Q. And is it fair to say that you didn't speak to the cardiologists about the number or the causes of death but you knew that other people had?

A. The matter had been raised with my head nurse and they had had a mortality meeting in September so I knew that the cardiologists were aware of the increase in deaths.

Q. In fact it was the mortality meeting on September 5th that you were present for?

A. That is right.

Q. And there was another on September 26th; is that correct?

A. That is right.

Q. And looking at Exhibit 334 for the week of September 22nd - it is the WIN sheet, sir.

THE COMMISSIONER: All right.

MS. KITELY: Q. In the week of September 22nd it would appear that you are off on the 26th. Is that correct?



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A. Off on the 26th, yes.

Q. So you would not have been
in the Hospital on that occasion?

A. No.

Q. And would not for that reason
have attended the meeting?

A. Well, I had just come off
nights on the 25th so it would be the morning of the
26th that I would have finished the nights so I
probably would have been sleeping.

Q. To your knowledge were Minutes
of the meeting of September 26th prepared?

A. Yes, they were.

Q. Those have been marked
Exhibit No. 51. Have you seen those before, Mrs.
Bell?

A. Yes, I have.

Q. Am I correct that copies of
these Minutes and the September 5th Minute made their
way into the ward books?

A. Yes, they did.

Q. Would you have seen the
Minutes of both meetings after they occurred?

A. Yes, I did.

Q. And were you familiar with a



Bell
ex. (Kitely)

EE12 1
2 meeting having occurred on January 12, 1981 on the
3 topic of intermediate ICU?

4 A. I was made aware that there
5 were Minutes taken from that meeting as well.
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FF/DM/ak

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Q. And the minutes from that meeting have been made Exhibit No. 65, have you seen this before?

A. Yes.

Q. Would you have seen the minutes which are marked Exhibit No. 65 shortly after they were made available on the ward?

A. Yes, I did.

Q. And these minutes refer to, and I am quoting:

"The apparent increase in the number of unexpected deaths."

Did that indicate to you that that was part of the topic of discussion on January the 12th?

A. Yes, it was.

Q. And did you have any idea whether any of the - I am sorry, I will start over. Had you overhead any of the cardiologists talking about the number of deaths, or the causes of death?

A. Dr. Freedom would quite openly discuss the increase in the number of deaths on the ward.

Q. And so when Miss Cronk asked you whether you participated in discussions with



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various people, did you understand that to include being present and actively participating in the discussion, or being present and listening?

A. I was present and listening, I was doing something else but I did overhear him speaking to other people.

Q. Was that on one occasion or more than one occasion?

A. On more than one occasion.

Q. And were there others in the Hospital and in the realm of seniority above your seniority that you knew were aware of the deaths on the ward?

A. Yes, Mary Costello was.

Q. And who else?

A. And the area co-ordinator.

Q. Which one?

A. Lea Pyykkonen and there was the clinical nurse specialist as well were aware of it.

Q. Which one?

A. Both Carol Purtherbough at the time and Janet Beed.

Q. And insofar as the deaths were concerned what did you see was your role either in



1
2
3 reporting or discussing?

4 A. Most of the people that we
5 just talked about were aware of the increase in
6 number of deaths. My concern at the time was our
7 stress level because the arrests were occurring
8 when we were there, my team on 4B and I had talked
9 that over with Mary Costello. So as far as the
10 increase in number of deaths people knew about it,
11 well, they were made well aware of it.

12 Q. By people do you mean your
13 peers?

14 A. I mean the clinical nurse
15 specialists were aware of it, from the mortality
16 meetings obviously the cardiologists were aware of
17 it. Dr. Freedom was certainly aware of it because
18 it was discussed on a couple of occasions with him.
19 Lea Pyykkonen, although in like the fall of that
20 year, I didn't know directly that she was aware of
21 it, but I did know that by the time our team leader
22 conference was on she was aware of it as well.

23 Q. And referring to Exhibit 334,
24 again being the WIN sheets, on the week of March the
25 2nd.

A. I have got it.

Q. There was a team leader meeting



FF4

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on the 2nd, were you at that meeting?

3

A. Yes, I was.

4

5

6

7

Q. In fact was that the meeting that you referred to earlier that had occurred during the time when you were supposed to be on vacation?

8

A. That's right.

9

10

Q. And at that meeting on the 2nd was there a discussion about the number of deaths on the ward?

11

12

A. There was a discussion, yes, especially about the stress level.

13

14

THE COMMISSIONER: I'm sorry, March the 2nd we are talking about?

15

THE WITNESS: Yes.

16

17

THE COMMISSIONER: You seem to be on days, is that just for the team leader meeting, is that what it means?

18

THE WITNESS: Yes, it is.

19

20

THE COMMISSIONER: Other than that you didn't, you didn't perform any duties?

21

22

THE WITNESS: No, it wasn't held in the Hospital, it was held in the nurses' residence.

23

24

THE COMMISSIONER: Yes, but this would be treated as a day of duty I take it?

25



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3 THE WITNESS: This WIN sheet was
4 used for pay sheets as well.

5 THE COMMISSIONER: Yes, but you
6 would get paid for that day because you attended the
7 team leader meeting?

8 THE WITNESS: That's right.

9 THE COMMISSIONER: You were on
10 holidays, you get paid for holidays I suppose any-
11 way, don't you?

12 THE WITNESS: Yes, but as well for
13 the team leader --

14 THE COMMISSIONER: I don't think
15 this has even the remotest relevance, but would you
16 get paid additionally for attending? Don't answer
17 that question if you don't want to, just ignore
18 me and tell me it is none of my business, because
19 it isn't. There is one thing I would agree with
20 any prohibition, that would be one of them, anyway,
21 carry on.

22 MS. KITELY: Q. Was Lea Pyykkonen
23 at that meeting on March the 2nd?

24 A. Yes, she was.

25 Q. Were any of the other area
co-ordinators there?

A. No, just her, she was our area



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co-ordinator.

Q. And the number of deaths was the topic of discussion on that day?

A. We discussed it, yes.

Q. Now, during the course of much of the evidence we have heard a fair amount of what occurs on cardiac arrests.

A. Yes.

Q. What I am going to ask you to do, Mrs. Bell, is describe to us by stages what occurs when a Code 23 happens and then a Code 25. If I can approach it in this fashion to speed it up, sir, I intend to ask rather leading questions but I would submit that given that it is on this particular topic there won't be a difficulty in that regard.

THE COMMISSIONER: No, no.

MS. KITELY: Thank you, sir.

Q. Am I correct that the Hosiptal has something called an Emergency Resuscitation Procedures Manual?

A. Yes, it does.

Q. And I am showing to you a copy of one, does this appear to be the manual that was enforced between July 1980 and March 1981?



1

2

A. Yes, it is.

3

4

MS. KITELY: Mr. Commissioner, I
have only one copy.

5

6

7

THE COMMISSIONER: Perhaps we
can make it an exhibit now and get a copy for
everybody for tomorrow.

8

MS. KITELY: Thank you, sir.

9

THE COMMISSIONER: 346.

10

---EXHIBIT NO. 346: Emergency Resuscitation
Procedures Manual.

11

12

13

MS. KITELY: Q. Now, Mrs. Bell,
what I would like you to do is assume that the
child that is in trouble is on your ward.

14

A. Okay, 4B.

15

16

17

Q. Am I correct that when a
difficulty occurs and a decision is made to call
a Code 23.

18

A. Yes.

19

Q. And that someone yells out 23.

20

A. Right.

21

Q. And whoever is at the desk
then telephones the switchboard?

22

A. Yes.

23

Q. And the person who calls

24

25



FF8

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switchboard would say "Which doctor is needed?"

3

A. Yes, and for what ward.

4

Q. And does that then go over

5

the PA system of the whole Hospital?

6

A. Yes, it does.

7

Q. Including Wards 4A and 4B?

8

A. Yes.

9

Q. Is it fair to say that all

10

the members of the 4A/4B are then aware that there
is a problem on their wards?

11

A. Yes.

12

Q. And once that Code 23 is

13

called is it fair to say that the team leader on 4A
would probably come down to the trouble area?

14

A. Yes, she would.

15

Q. Would that be standard?

16

A. It would.

17

THE COMMISSIONER: I wonder if I

18

could just interrupt for a moment, I know you know

19

a great deal more about it than I do, I thought

20

23 was just for a doctor.

21

THE WITNESS: It is.

22

THE COMMISSIONER: Why would all

23

the nurses from 4A and 4B go?

24

THE WITNESS: Because of the

25



FF9

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concern for the child obviously that we have called
a Code 23 that there is an emergency situation, not
necessarily an arrest but the possibility is there.

Q. It is the team leader that
would come in response to a 23, is it?

A. Yes.

Q. Not necessarily the other
members of her team?

A. No.

Q. And if you are not in the
room yourself, you being the team leader of the
ward in question, you go to the room?

A. Definitely.

Q. So is it conceivable that
shortly after the 23 is called there is the nurse
who is caring for the child and who has alerted the
Code 23?

A. Yes.

Q. There is you?

A. Yes.

Q. There is the team leader on
the otherend?

A. Yes.

Q. And then the doctor arrives?

A. Right.



Bell, ex.
(Kitley)

FF10

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Q. And by the time the doctor arrives you being the team leader assess the situation in terms of the number of nursing personnel you need?

A. Yes.

Q. And you can call in others if you need them?

A. Yes.

Q. And is it fair to say that while the doctor is there assessing the Code 23 that you would remain?

A. Yes, it is.

Q. And in fact would the team leader from the other then remain?

A. She would.

Q. And if the situation develops into a 25 would someone who is either in the room at the time it is called: perhaps a better way to approach it would be, do all 23's develop into 25's?

A. Not necessarily, no.

Q. And are there some 25's that start without 23's?

A. Yes, definitely.

Q. Let's assume now that we have a 25 starting on your ward.

A. Yes.



FF11

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Q. We will assume a 23 had not occurred.

4

A. Okay.

5

Q. Someone yells for a Code 25.

6

A. Yes.

7

Q. Whoever is at the nursing station will telephone the switchboard?

8

A. Yes.

9

10

Q. And that then goes over the PA system?

11

A. Yes, it does.

12

Q. Including 4A and 4B?

13

A. It does.

14

Q. And the Code 25 being announced means the arrest team is to arrive on the floor?

15

A. Yes.

16

17

Q. And having heard it all the members of the nursing teams of 4A and 4B are alerted to a very critical situation?

18

19

A. They are alerted as well because of the alarm that would be set off in the room.

21

22

Q. Who is it that sets off the alarm?

23

24

A. Whoever is the room.

25



FF12

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2

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Q. And is the alarm a
flashing light and a noise?

4

A. Yes, it is.

5

6

Q. And it is a flashing light
designed to get the personnel in the appropriate
room when they arrive on the ward?

7

8

A. Yes, definitely.

9

10

Q. So assuming we started out
with someone in the room calling the 25, is it
fair to say that you immediately proceed to the
room?

11

12

A. Definitely.

13

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Q. And the team leader from the other
end precedes?

A. Yes.

Q. And is it fair that the registered
nurses from both 4A and 4B who were not on either
shared or constant care would also go to the room?

A. Yes.

Q. And that the RNA's would generally
speaking stay behind?

A. Generally they would, yes.

Q. And the members of the arrest
team then arrive?

A. Yes, they do.

Q. And according to what we have
now marked as Exhibit 346 the resuscitation team con-
sisted of the resident in medicine?

A. Yes.

Q. The resident in surgery?

A. Yes.

Q. The resident in anesthesia?

A. Yes.

Q. And a Fellow in cardiology?

A. Yes.

Q. So, by the time the arrest team
arrives it's conceivable there is the nurse who was



Bell, ex.
(Kitley)

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caring for the child initially?

3

A. Right.

4

Q. You as the team leader?

5

A. Yes.

6

Q. The other team leader?

7

A. Yes.

8

Q. As many RN's who were not in
share care or constant care?

9

A. Yes.

10

Q. And then four medical personnel?

11

A. Plus the resident that is covering
that ward at the time as well.

12

13

Q. All right. And then someone is
coming up from emergency with the defibrillator?

14

A. That's right.

15

16

Q. Now, am I correct that the
supervisor then is also alerted, the night nursing
supervisor is alerted by the 25 and she, too, comes?

17

18

A. There is the night supervisor
that covers the area plus usually the one in charge of
the supervisor on nights as well could come.

20

21

Q. And am I correct that as soon
as the 25 is called it is the obligation of whoever is
closest to take the crash cart down into the room?

22

23

A. Yes.

24

25



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Q. And it is the obligation of
whichever nursing personnel gets there first to start
the oxygen?

A. Yes.

Q. And also the obligation of the
nursing staff to start CPR?

A. Definitely.

Q. So that by the time the arrest
team is in the room, all four members of them, oxygen
has been started and CPR has been started?

A. Yes.

Q. And when the defibrillator gets
there am I correct that it is the resident in medicine
that takes charge of the arrest?

A. Usually or the cardiology Fellow.

Q. Right. So, one of the two of them
will decide whether to use the defibrillator?

A. Yes.

Q. And am I correct that the de-
fibrillator is not used in every arrest?

A. That is correct.

Q. Or not used constantly throughout
an arrest?

A. That's right.

Q. As I understand it, the machine



1
2 is hooked up to the child and that a shock will be
3 given and then one waits for some seconds to determine
4 whether the machine is being effective?

5 A. Yes, that is correct.

6 Q. And that that might be used as
7 few as five times during the course of an arrest?

8 A. Definitely less than that, yes.

9 Q. And during the time that the---
10 THE COMMISSIONER: Did you mean as
11 few as or as many?

12 MS. KITELY: I actually meant as few
13 as.

14 THE COMMISSIONER: Well, as few would
15 mean zero because I am told, one of the earlier answers
16 was it is sometimes never used at all.

17 MS. KITELY: You are quite right.

18 THE WITNESS: Yes.

19 MS. KITELY: During the course of an
20 arrest if the defibrillator is being used would it be
21 every ten minutes or every five minutes or is there
22 any kind of a general pattern?

23 A. It would be a matter of seconds.
24 It only takes five seconds to evaluate if it had been
25 effective at all.

Q. And then it might or might not be



Bell, ex.
(Kitley)

1
2 used again?

3 A. Right.

4 Q. And if it is not used again,
5 does CPR continue throughout the arrest?

6 A. Yes, it does.

7 Q. So, while the arrest team is there
8 and the medication that we are coming to is being
9 administered, at all times that the defibrillator is
10 not in use CPR is being administered.

11 A. Yes.

12 Q. And would nursing staff and the
13 medical staff rotate during CPR?

14 A. Yes.

15 Q. Is that because of fatigue more
16 than anything?

17 A. Yes, it is.

18 Q. Now, dealing with the medication,
19 am I correct that the crash cart contains all of the
20 medications that are theoretically necessary?

21 A. Yes, it does.

22 Q. Although we heard in an earlier
23 case morphine isn't on and that you were obliged to go
24 and fetch it in one case.

25 A. That's right.

Q. But assuming that Exhibit 295,



1

2

which is a copy of the chart, the card on the crash
cart containing all the drugs, those items would be
available on the cart?

5

A. That's right.

6

Q. Now, having gotten the bodies
in the room there are things to be done from a medical
point of view. Am I correct that the anesthetist
may intubate the child?

9

A. That's right.

10

Q. And would you describe what that
means?

11

12

A. It means passing an endotracheal
tube into the ---

13

14

THE COMMISSIONER: I'm sorry, you will
have to speak up a little. This is intubate, is that
right?

15

16

THE WITNESS: Yes, sir.

17

THE COMMISSIONER: What does that mean?

18

19

THE WITNESS: It means to pass an endo-
tracheal tube into the trachea and it essentially is
a short tube that can be passed either through the nose
or through the mouth and what it will do, it will
deliver the oxygen more effectively and you will be
able to inflate the lungs more effectively.

20

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MS. KITLEY: Q. So, the oxygen that was

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Bell, ex.
(Kitely)

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set up by the nurse when the Code 25 was called is
terminated and this system is then used?

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A. The oxygen tubing is hooked
up to the bag that you use to inflate and until
the anesthetist actually intubates you are using a
mask which covers the mouth and the nose and when he
intubates you will take off the mask and hook it on
to the tracheal tube.

MS. KITELY: Is there a problem, sir?

THE COMMISSIONER: No, no.

MS. KITELY: Q. And am I correct that
suction might be necessary during the arrest?

A. Any time during the arrest, yes.

Q. And would both the nurses and
doctors suction a child?

A. They could, yes.

Q. Am I correct that the surgical
resident might have to do a cut down?

A. That's right.

Q. Would you describe what that is?

A. It is an incision made to
expose the vein so that you can pass a catheter whereby
you can pass by intravenous fluids or medications.

Q. And am I correct that the
associates -- I am sorry, that the cardiology Fellow



1
2 who is described in Exhibit 346 might choose to call
3 the cardiologist who is on duty?

4 A. He usually would, yes.

5 Q. Okay. Now, before the night
6 supervisor comes into the room, am I correct that you
7 the team leader whose ward it is are in charge of the
8 nursing personnel?

9 A. Yes.

10 Q. So, it is your job to ensure
11 that their functions are carried out?

12 A. That's correct.

13 Q. And the functions are the oxygen
14 and the CPR that we have just talked about?

15 A. Yes.

16 Q. And drawing up the medications?

17 A. Yes.

18 Q. And recording the medications?

19 A. That's right, or anything else
20 that was done for the child.

21 Q. All right. And having gone into
22 the room with you and the other team leaders and
23 some extra registered nurses, do you then assign as
24 between those people which of those jobs will be
25 done?

A. Usually.



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Q. And do you make a decision
whether you have too many or too few bodies?

4

A. Yes, we do.

5

Q. And if you have too many, do you
say to one she ought to go back to her ward?

6

A. Right.

7

8

Q. Or do you say to one of them, go
back and supervise what is going on on the rest of the
floor?

9

10

A. I usually say to go and check
on the other children, so, supervise the rest of the
ward, yes.

11

12

13

Q. But that is a decision that you
make at any rate?

14

A. Yes.

15

16

Q. And then when the night super-
visor comes along if everything is in order the super-
visor simply oversees?

17

18

A. That's right.

19

Q. And if there is a problem then
the supervisor will take over?

20

A. Yes, she will.

21

22

Q. Now, to the point in time where
you have the resuscitation team, the intubation, the
defibrillator present, if not functioning, the

23

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25



1
2 medications beginning to be drawn up and recorded,
3 would that all take between 2 and 4 minutes?

4 A. Yes, it would.

5 Q. And by the time that has occurred,
6 you would have anywhere between 6 and 8 people present?

7 A. At least.

8 Q. And am I correct that about
9 6 of those would be around the bed?

10 A. At least, yes.

11 Q. And probably the nurse drawing
12 up the medication would be adjacent to the bed?

13 A. That's right.

14 Q. But she would have to move away
15 to let all these other people get into the bed?

16 A. That's right.

17 Q. And I think I understood you to
18 say that the average resuscitation effort lasts about
19 30 to 40 minutes?

20 A. Yes, average.

21 Q. So, this high level of activity
22 with all those bodies could last and be sustained
23 for that period of time?

24 A. Yes.

25 Q. And once a child is pronounced
dead, am I correct that there are several things to be



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11

2

done; first of all, to deal with the parents?

3

A. Yes.

4

Q. Secondly, to deal with the body?

5

A. Yes.

6

Q. Thirdly, to clean up the room?

7

A. Yes.

8

Q. And fourthly, to restock the
cart?

9

A. Yes.

10

Q. And fifthly, to continue on with

11

one's job for the rest of the shift?

12

A. That's right.

13

Q. And perhaps sixthly and maybe

14

last to deal with one's own grief?

15

A. Yes, definitely.

16

Q. Am I correct that if the Code 25

17

had been called on the other ward that the personnel
that we have just described would then go down to the
other ward?

18

A. They would.

19

Q. In other words, if Phyllis

20

Trayner's team were having a Code 25 you and your

21

RN's who were not on constant nurse shared care would

22

go down on to the area of difficulty?

23

A. That's correct.

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Q. Now, still on the topic of arrests and CPR, am I correct that during the period in question the nurses were obliged to be familiar with CPR?

A. Yes, definitely, we had an orientation program.

Q. In fact, now the hospital has a certification program?

A. Yes.

Q. And are you now certified at the hospital?

A. Yes, I am.

Q. But at that point in time there wasn't a certificate granted?

A. Now it is a condition of employment that if you are employed by Sick Children's Hospital that you be certified in CPR.

Q. Did that start after March of 1981?

A. I believe it was in the process, I don't know if it was reinforced at that point.

Q. And am I correct that you learned CPR when you were on 5A in your orientation as you indicated?

A. Yes, I did.



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Q. Am I correct that there is something called the Canadian Heart Foundation Cardio-Pulmonary Resuscitation Basic Rescuer Manual?

5

A. Yes, there is.

6

Q. This particular copy I've got is in fact your own copy?

7

A. Yes, it is.

8

9

Q. And is this one that you were given during the time that you were being oriented or more recently?

10

11

A. That is a more recent copy, within the last year.

12

13

Q. But to the best of your knowledge, page 16 which I am showing you is roughly the same now as it was between July of 1980 and March of 1981?

14

15

A. Yes, there is very little that has changed.

16

17

Q. Now, looking at page 16 the heading is, "Assessing Pulselessness". Am I correct?

18

19

A. That's right.

20

Q. And it is just a short paragraph so, I will read it. It indicates that one should, and I quote:

21

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"...maintain the open airway with one hand still holding the forehead back,

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the other hand is brought from
under the neck to find the pulse.
First locate the Adam's apple with two
fingers and then on your side of the
neck slide your fingers gently toward
the victim's back and into the groove
of the neck. Press lightly into the
groove and feel very carefully for the
pulse. Take your time. Spend a minimum
of 7 seconds and a maximum of 10
seconds to find the pulse, if necessary."

Now, am I correct that the words in the middle of
that, "take your time", are in capital letters?

A. Yes, they are.

Q. And the rest of it is in
ordinary type?

A. That's right.

Q. And then the next sentence
reads:

"Even a weak, slow or thready pulse
means that the heart is beating and
CPR is not needed. Never compress on a
beating heart."

You will agree with me that the last sentence, "Never
compress on a beating heart" is not only in capital



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letters but in bold print.

3

A. Yes, it is.

4

Q. And what did you understand

5

from those two paragraphs that I have just read?

6

A. That you need the time to assess

7

the situation before you would act, before you would
actually initiate CPR.

8

Q. And you referred in evidence

9

with Ms. Cronk to some discussion between you and

10

Phyllis Trayner and Susan Nelles about starting CPR

11

too quickly?

12

A. Yes.

13

Q. Can you explain what you were

14

talking about in the context of what I have just
read to you?

15

A. Our concern that she wasn't

16

taking as much time as she should have in assessing

17

the situation and that she wasn't actually listening

18

to the heart beat.

19

Q. And as a result, what was she

20

doing?

21

A. She would initiate CPR.

22

THE COMMISSIONER: I am sorry, she would
what?

23

THE WITNESS: Initiate CPR.

24

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THE COMMISSIONER: I'm sorry?

3

THE WITNESS: Initiate CPR.

4

THE COMMISSIONER: Oh, initiate CPR too soon?

5

THE WITNESS: Yes.

6

MS. KITLEY: Q. And did you have a concern that she might be initiating it on a "beating heart"?

7

8

9

A. That was a concern, yes.

10

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Q. Now, you described the first arrest in which you participated, namely, the Bilodeau arrest in July, 1980 and you indicated that that was really the first arrest that your team had worked together on.

14

15

16

A. Yes.
Q. And I think you described it as being disorganized?

17

18

19

A. Yes, it was.
Q. And the supervisor came along and took charge?

20

21

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A. Yes, she did.

Q. And that was Miss Colson?

A. I believe it was, yes.

Q. And after the arrest was over

was there any discussion between you and your team



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members and Miss Colson about the arrest?

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A. There was some discussion with Miss Colson about the arrest, what we could do to make it a bit easier for ourselves and what roles needed to be filled during an arrest.

Q. And in fact did the disorganization of that arrest ever reoccur to your knowledge on your team?

A. No.

Q. Now, am I correct that in order to be a team leader you were obliged to take the team leader course?

A. At Sick Children's, yes.

Q. And that as far as you know you took it in the summer of 1980?

A. That's right.

Q. Now, if we can look at Exhibit 334 for the period starting July 14th.

A. Yes.

Q. On Tuesday the 15th it appears that you worked a day.

A. That's right.

Q. That would be a short day?

A. Yes.

Q. To your knowledge, was that a day



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when you were attending the team leader course?

3

A. I was taking a team leader course

4

on Tuesday, I believe that was the day.

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Q. Have you looked through some of the other parts of the WIN sheets to try to find the other days that you attended?

A. Yes, I have.

Q. Have you been able to --

THE COMMISSIONER: Are these usually recorded? They don't seem to be recorded. Something was recorded and struck out.

THE WITNESS: There is something marked beside the "D" that is crossed out. The "D" is marked out.

THE COMMISSIONER: Well, normally -- really what I am asking -- you find the other one and then we will see maybe it is marked there.

MS. KITELY: I'm sorry, I didn't hear you.

THE COMMISSIONER: You were asking if there was some other date.

MS. KITELY: The question was is that a team leader course day and the question was then has she been able to find other dates. I will continue with that if I might, sir?

THE COMMISSIONER: Yes.

MS. KITELY: Q. Having looked through the WIN sheets are you able to determine from



Bell
ex. (Kitely)

1
HH2 2 looking at them the other days that you attended the
3 course?
4 A. No, I can't.
5 Q. In fact was it roughly six
6 Tuesdays in a row?
7 A. It was.
8 Q. And did you complete it?
9 A. Yes, I did.
10 THE COMMISSIONER: I take it the answer
11 is then it is not recorded on the WIN sheets?
12 THE WITNESS: Not all of them, no.
13 THE COMMISSIONER: Well, none of them.
14 THE WITNESS: Except for one day.
15 THE COMMISSIONER: Well, whatever it is
16 is crossed out.
17 MS. KITELY: There is a "D", sir.
18 Q. Does that mean a short day,
19 Mrs. Bell?
20 A. Yes, it does.
21 Q. And would you have worked a
22 short day during a week when you had long nights
23 because you were taking the team leader course?
24 A. Yes.
25 THE COMMISSIONER: Could you not work
that short day on a Tuesday and a long night on a



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Wednesday? Is that not possible?

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THE WITNESS: It is possible but I

4

know that --

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THE COMMISSIONER: But you don't like
the idea; is that it?

6

7

THE WITNESS: -- I did take the team
leader course.

8

9

THE COMMISSIONER: I am sure you did
but the answer seems to be that they haven't marked
anywhere the fact that you took it.

10

11

THE WITNESS: That is right.

12

THE COMMISSIONER: Have they marked
for anybody, do you know?

13

14

MR. OLAH: I don't know if this helps,
Mr. Commissioner, but I think it looks like Mrs.
Radojewski on the same sheet she has got "Os" beside
her name. I don't know if that was the way they
were marking it.

15

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THE COMMISSIONER: "O's"?

19

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MR. OLAH: You will recall that was
exactly the same markings Miss Brownless had when
she went on her orientation course.

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THE COMMISSIONER: Orientation is an
acceptable thing that has a --

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MS. CRONK: The evidence, sir, to date,



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is that the "O" stands for orientation and the head nurses like Mrs. Radojewski would orient a new nurse to the ward.

THE COMMISSIONER: Yes.

MS. CRONK: But you will find, for example, during the week of March 16th to March 22, 1981 there is an indication that Miss Halpenny took the team leader course and that is indicated in the comments section on the right-hand side of the page. So in some instances it appears to have been noted while in others it doesn't.

THE WITNESS: And on Phyllis' sheet as well it is not.

MS. KITLEY: Q. Sorry?

A. On July 15th of the 4A WIN sheets it is marked as "TP".

Q. You are looking at Exhibit 335 for the week of July 14th?

A. That is right.

Q. After the name Miss Morrin, maiden name of Mrs. Trayner, the initials "TP" are there?

A. That is right.

Q. And Miss Morrin, or Mrs. Trayner, took the team leader course at the same time



Bell
ex. (Kitley)

1
HH5 2 you did?

3 A. Yes, she did.

4 Q. And that then reinforces
5 your view that the "D" on Exhibit 334 indicates
6 a team leader day?

7 A. That is right.

8 Q. To your knowledge did you
9 and Mrs. Trayner finish the team leader course about
10 the same time?

11 A. We finished the course at the
12 same time but we did the tasks that had to be
13 done after it at different times. I believe I
14 finished before she did.

15 Q. So there was classroom work
16 much of the six individual days; is that right?

17 A. Yes.

18 Q. And am I correct instructors
19 came on the ward and assessed you in various
20 capacities?

21 A. That is right.

22 Q. And ultimately you passed the
23 team leader course?

24 A. That is right.

25 Q. Now I would like to deal
briefly with the question of breaks on the floor.



Bell
ex. (Kitley)

HH6

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A. Yes.

3

Q. And we have heard about two

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coffee breaks and a lunch break. Is it fair to say

5

that on nights when the breaks were taken how long

6

they were depended almost entirely on the workload?

7

A. Yes, it did.

8

Q. And so, for example, on the
night of Miller's, the death of Miller --

9

A. Right.

10

Q. -- I think you indicate you
had a short break before midnight?

11

12

A. Yes.

13

Q. And when would that be because
on the night that Miller ran into difficulties the
ward was very busy?

14

15

A. It seemed to be busy, yes.

16

Q. Can you help us with some
reasons as to why it would be busy on that Friday
night?

18

19

A. One of the reasons is after
you are off for a couple of days there is probably
new children on the ward so it is getting yourself
organized in their care.

21

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As well there was an admission on
the floor. As well it was on a Friday - Monday to
Friday was generally busy and you were sort of on

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nights tidying up from the days as far as paperwork goes, et cetera.

Q. The admission that you were referring to was the Cook admission?

A. Yes, I am.

Q. And let's contrast it, the Friday night, with the next night, the Saturday. Would you say that it was less busy?

A. Yes, it was.

Q. And in fact --

THE COMMISSIONER: Which was less busy?

THE WITNESS: The Saturday night.

THE COMMISSIONER: The Saturday night was less busy?

THE WITNESS: Yes.

MS. KITLEY: Q. On the Saturday night you had an opportunity to sit down for a while?

A. Yes.

Q. And you were in the room watching television?

A. That is right.

Q. Was the watching of television a usual or an unusual event?

A. It was an unusual event.



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Q. And would it be a usual event to sit down for one's lunch for a whole 45 minutes?

A. Not on nights really, no.

THE COMMISSIONER: Sorry, would it be an unusual or was it a usual?

MS. KITLEY: Q. Would it be unusual -- I will try a different way to avoid the negative, sir.

On nights, on long nights, would you expect to sit down for your lunch and have 45 undisturbed minutes?

A. Not necessarily, no.

Q. What would you expect?

A. A lot of times you would sit down and perhaps start your lunch and then just get up and check the children or you might have something to do and then come back to it after a while.

Q. If I could deal briefly with the Woodcock child.

You weren't on the floor when the child died, and when Miss Cronk went through it with you, she asked you when you came back on your next tour of duty whether you had looked at the chart. Do you remember that?

A. Yes.



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Q. And am I correct that once
a child dies that the chart leaves the floor as soon
as all the record-keeping has been done?

A. Yes, it does.

Q. So by the time you came on
the ward for your next tour of duty the chart would
have been not around?

A. That is right.

THE COMMISSIONER: Unless you are
getting close...

MS. KITELY: I was just checking, sir,
if I may. I anticipated your comment, actually.

THE COMMISSIONER: I am getting to
be very predictable I am afraid.

MS. KITELY: Especially at this time
of the day, sir.

MS. CRONK: Don't push it!

MS. KITELY: I have I think two more
topics, sir. I don't know that I can do it is
quickly as --

THE COMMISSIONER: I think we will
rise until ten o'clock.

Will three more topics take you about
half an hour?

MS. KITELY: Less than that I think,



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HH1 2

sir.

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THE COMMISSIONER: All right. Does anybody want to -- what do you think, Mr. Brown?

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MR. BROWN: I think I am down to about half an hour.

6

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THE COMMISSIONER: Ms. Forster?

8

MS. FORSTER: Half an hour to an hour.

9

THE COMMISSIONER: Mr. Hunt?

10

MR. HUNT: I will be some time I think, probably two hours.

11

12

THE COMMISSIONER: Well, it probably means --

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MR. YOUNG: I don't know what probably means, Mr. Commissioner. I can't help Mr. Hunt with that.

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THE COMMISSIONER: Well, I think the morning is pretty well, if I can use the expression, shot. How long will you be -- Ms. Thomson, are you going to perform?

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MS. THOMSON: No, sir, I am not but I don't think Mr. Roland will be long tomorrow.

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THE COMMISSIONER: Mr. Ortved, not
very long?

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MR. ORTVED: No, I don't anticipate
being very long, Mr. Commissioner.

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MR. YOUNG: That solves my problem,
Mr. Commissioner. Mr. Percival was in front of the
Law Reform Commission, sitting on the Law Reform
Commission today, and will be for most of tomorrow.
He will be joining us later in the day. He may not
be with us until the following day but we are hoping
that we will be prepared by the afternoon.

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THE COMMISSIONER: Prepared by
tomorrow afternoon?

14

15

16

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MR. YOUNG: Yes, sir.

THE COMMISSIONER: If you need
to. Well, perhaps you can make arrangements. I
had forgotten - Mr. Olah, you have some trouble
after tomorrow, do you?

19

20

21

MR. OLAH: During the day tomorrow,
yes, but I will be available Thursday morning.

22

23

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THE COMMISSIONER: Well, Mr. Knazan,
what about you?

MR. KNAZAN: 10 minutes.

THE COMMISSIONER: You are ready
to go tomorrow I take it when you are reached?



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MR. KNAZAN: Yes.

3

THE COMMISSIONER: Mr. Labow, are
you ready to go tomorrow if reached?

4

5

MR. LABOW: Yes, I will be ready
tomorrow.

6

7

THE COMMISSIONER: And Mr. Shanahan
if reached and if here?

8

MR. SHANAHAN: Yes, sir.

9

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THE COMMISSIONER: Well, it certainly
looks as if we are going into Thursday and we will
be lucky to complete this witness by Thursday. So
pass that on.

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MR. YOUNG: I will do so,
Mr. Commissioner.

14

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As I say, if things progress rather
quickly tomorrow Mr. Percival will make a point of
being here in the afternoon.

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THE COMMISSIONER: Then what happens
to law reform if he has to do that? We just don't
have any?

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All right. Till tomorrow at 10 o'clock.

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---Whereupon the hearing adjourned at 4:35 p.m. until
Wednesday, February 8th, 1984 at 10:00 a.m.

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